# MEDICAL CENTURY

THE NATIONAL JOURNAL OF
HOMŒOPATHIC MEDICINE AND SURGERY

VOL. XX NOVEMBER, 1913 No. 11

## ORIGINAL ARTICLES.

### THE EDUCATIONAL PROBLEM OF HOMŒOPATHY AND ITS SOLUTION.

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IF the statements frequently appearing in the medical journals are to be believed, Homœopathy is steadily losing ground, and is in danger of complete extinction. Making due allowance for the tendency on the part of some writers to thoughtlessly repeat and endorse statements without examination, and so create a false impression of wide currency, it still remains probable that there is something back of the very general impression which prevails.

It is quite certain that the general standard of homœopathic education and homœopathic practice has not perceptibly risen. It is equally certain that the general standard of homœopathic practice, when compared with the standards maintained by known individual experts, is very low.

As long as individuals remain, however, who maintain a high standard of practice, Homœopathy itself is in no danger of extinction. The sphere of influence of each individual tends to increase and draw within it more individuals who will continue his work.

This is Nature's method of preserving great truths in times of general delinquency. Such are often preserved and handed down by individuals, even when institutions fail, disintegrate and disappear.

Nature never permits the extinction of any great truth once revealed to the world. It may become temporarily perverted, or obscured, but it can never be extinguished.

In order to get at the truth, therefore, we should distinguish between Homœopathy as a method, or system, and Homœopathy as an institution. The two are by no means identical.

Scientifically, the principles of Homœopathy have been established, practical methods worked out, and a technique of prescribing developed. Demonstration of its efficiency and superiority to all other methods of healing are matters of history. Individuals continue to maintain a high standard of technical efficiency. Homœopathy as a method, therefore, has within itself the elements of perpetuity, irrespective of any institution.

For purposes of discussion I propose to take it for granted that the statements in regard to the condition of Homœopathy as an institution are true, and that they who make them know whereof they speak, and are justified in publishing them to the world.

For purposes of illustration, I shall use the medical laws of New York and the New York Homœopathic Medical College, reminding my readers that what is true of New York is essentially, and in the main, true of other states and colleges.

On a cursory view the status of Homœopathy, after an existence of a little over a century, appears to be good and firmly established.

Nominally, Homœopathy has its societies, national, state and local; it has its legally established colleges, hospitals and dispensaries; it has a large number of legally qualified practitioners and adherents, and it has an extensive literature, including several current monthly journals, more or less ably edited and supported To the world these represent Homœopathy. It is apparently, then, an institution recognized by law and established by the body politic.

A more careful study of the situation, however, seems to show that Homœopathy, as an institution, is not only rapidly losing ground, but has already reached a point where its very existence is threatened, and it is in danger of complete extinction. This fact is more clearly recognized by the enemies and opponents of the school than it is by its friends and adherents. Most Homœopaths are going about blissfully unconscious that anything has happened or is about to happen.

The opponents of Homœopathy have also recognized, more clearly than its friends, where the real weakness of the school lies, and the cause of its decline. They have not failed to take strategic advantage of their knowledge in conducting their campaign against Homœopathy to bring about its fall.

I will try to show where the real weakness lies and point out the remedy.

It is a significant fact that the greater part of the warfare against Homœopathy, and the most important gains by the enemy, in recent years,

have been in the educational field. In all matters of medical education to-day, from college entrance examination to license to practice, they have us completely at their mercy. They control absolutely, and we can do nothing but submit to their dictation. They establish standards, they lay down requirements and restrictions, they fix and execute penalties. They are legislators, prosecuting attorneys, judges, jurors and executioners. We are the defendants with the burden of proof upon us.

The real danger to Homœopathy does not lie at all where it is commonly thought to lie. Homœopathists look for danger in every direction except the right one. They fail to see that the real danger is in the educational field.

*Educationally, Homœopathy is slowly being starved to death.* The irony of the situation is that, by the strategy of her enemies, she is being made to *appear to be starving herself to death* like the English suffragette under the "cat and mouse" act.

An abundance of certain kinds of food is provided for. Bounteous supplies of anatomy, physiology, chemistry, bacteriology, pathology, diagnosis, hygiene, surgery and gynæcology are set before her in her prison cell, and she is invited to eat and live. Occasionally she is even forcibly fed. She is told that if she will not eat and live on the food provided, it is her own fault, and she must die. The state authorities will provide nothing else, and they will do their best to prevent her from getting anything else. Misguided friends and enemies in disguise smuggle in to her supplies of physical therapeutics, physiological medicine, vaccine and serum therapy, autotherapy, etc., and urge her to eat. Of her own proper food, upon which alone she can thrive and grow, there is only a meagre supply, barely enough to sustain life for a limited period, and that also must be smuggled in to her.

Homœopathy cannot live on such food as that supplied by her enemies. An herbiverous animal cannot live on the food of the carnivora. Even man cannot live long upon meat alone. He soon becomes diseased and dies.

Homœopathy for a long time has been trying to live on allopathic educational meat, with the inevitable pathological result. Given the etiology any physician can diagnose the disease with which Homœopathy is suffering.

Dropping metaphor and simile, let us look at the facts in regard to our college, upon which we depend for recruits to our ranks, as they are decimated by time, death and desertions.

1. Medical education in New York is controlled by a State Board of Medical Examiners acting under the authority of the Commissioner of Education and a Board of Regents of the University of New York.

2. The state determines what subjects shall be taught, how long they shall be taught, establishes the standards to which both teachers and students must conform, and enforces them by making the issuing of a license to practice dependent upon the result of a special examination held by its Board of Medical Examiners.

3. The examinations in the studies required by the State Board cover eleven principal subjects in general medicine: Anatomy, physiology, chemistry, bacteriology, pathology, diagnosis, hygiene, sanitation, surgery, gynæcology and obstetrics.

It will be noted that the subjects of materia medica and therapeutics are not included in the list of required studies.

To these studies, colleges of the dominant school add instruction in the various forms of treatment recognized by them, requiring the services of a number of extra teachers and assistants. The full curriculum is calculated to tax the powers of the average student to the utmost limits. In fact, it may be truly said to exceed the powers of the average student, and that it is intended to do so. The design of the promoters of the present curriculum is frankly stated to be to exclude the student of average ability and draw only those of extraordinary powers. The profession of medicine in the dominant school is over-crowded, and this is the means taken to remedy the evil.

4. The State Board does not recognize Homœopathy in any form whatever. It does not require, nor hold examinations, in any branch or subject of Homœopathy, nor give credit for any work done in such branches. Homœopathic philosophy (theory and principles of Homœopathy), homœopathic materia medica and homœopathic therapeutics are totally ignored. To the State Board these subjects do not exist, and time spent upon them by any student is wasted, so far as having any bearing on the right to examination or the right to practice medicine is concerned.

5. The State Board does not recognize a homœopathic college, as such, in any way, but merely considers it as a medical college. If it complies with the legal requirements as a college of general medicine (determined by the board itself) it is allowed to exist nominally as a homœopathic college.

6. The New York Homœopathic Medical College, as it exists to-day, is a college of general medicine, complying with the severe and increasingly severe requirements of the Regents in its teaching of the required branches. In addition to these, like the "regular" colleges with which it is competing, it teaches physiological materia medica and toxicology; mechanical therapeutics, including electro-, hydro- and radio-therapeutics; vaccine and serum therapy and "autotherapy;" it gives courses of instruction in the more important specialties, such as ophthalmology, otology, laryngology, rhinology, proctology, neurology, dermatology, anæsthesia, orthopedic surgery,

genito-urinary surgery, mental and nervous diseases and medical jurisprudence, and finally, in addition to all these, it gives instruction in the theory and principles of Homœopathy, homœopathic materia medica and applied homœopathic therapeutics.

Its course is completed in four years, and the proportion of its students who pass the Regent's examination is as large as any other college.

7. For several years past the requirements of all medical colleges, irrespective of school, have been made so severe, and the standards have been raised so rapidly, that many of the smaller colleges, even of the old school, have been, and are being, forced out of existence. And this is the set and avowed purpose of the promoters of the policy pursued by the educational authorities.

8. The course of required instruction in the subjects in general medicine is so extensive, the requirements so severe, and the subjects so numerous that the average student, even of the old school college, may well almost despair of accomplishing it all in four years of the hardest kind of work. The brighest and most facile student soon realizes that if he is to obtain the coveted certificate of the State Board he must buckle down to work, and forego the dances and theatre parties he may have fondly anticipated. To successfully meet the requirements of the Regents alone will tax the best powers of the average student. With the added general therapeutic branches it becomes almost prohibitive.

Suppose, now, that the homœopathic college authorities add to this already over-full curriculum *three* difficult and important subjects, vital to Homœopathy, involving elaborate courses of lectures and instruction by, say, six or eight special teachers and clinicians, none of which are required or recognized by the Regents. Suppose, further, that the college authorities, after giving place in their schedule to these three great subjects, with their six or eight teachers and demonstrators, attempt to set and enforce as high a standard in these studies which are not required by law as they are compelled to set and enforce in the subjects in general medicine which are required. That is the situation in the New York Homœopathic College, and, with minor differences due to local conditions, in every other homœopathic college in the United States to-day.

Consider what this means to the student seeking to enter the medical profession through the doors of the homœopathic medical college.

When the not-required is brought into competition with the required; when the college requirement is pitted against the state requirement; when sentiment, opinion and theory are made to contend with the law and fact. What will happen?

What must happen will happen, and is happening.

I will be careful how I answer that question more in detail, but I will state facts as I have observed them in an experience of four years, just ended, as professor of homœopathic philosophy in the New York Homœopathic Medical College, a position which I have resigned.

In all that I say I shall impugn the motives of no man of the faculty, nor question his honesty and sincerity. I honor and hold in affectionate regard my former colleagues of the faculty of the New York Homœopathic College, while I sympathize with them in the difficulties and perplexities of their position. My personal relations with them and with the classes were most cordial and pleasant, and my retirement was entirely my own act. They are able men, and they do not spare themselves in their work; but they do not all realize fully (although some of them do partly) the utter impossibility of their task of trying to competently teach Homœopathy in a college of general medicine under present conditions, nor do they all see the true and only soliution of the problem, as I believe I do.

The task they have set themselves is an impossible one.

They think, some of them, and they will try to maintain, that they do succeed in this impossible task; that their graduated students are relatively as competent in Homœopathy as they are in general medicine. Making fair allowance for differing conceptions and standards of what constitutes competency in Homœopathy, and granting the truth of the statement as qualified by the term "relatively," such a statement, in the light of facts, implies one of three things:

1. A very limited conception of what constitutes competency in Homœopathy, and of the means necessary to attain it.

2. A lowered standard in all the branches taught; or,

3. That the New York Homœopathic College is especially favored by Divine Providence, or by the superhuman genius of its concededly great dean and his accomplished registrar in obtaining, as matriculants, young men who are such paragons and prodigies of intellect as no other college can succeed in reaching. As to the last inference—my observation of the classes with which I came in personal contact leads me to conclude that they will compare favorably with the classes of other medical colleges.

The student body of the New York Medical College is composed of men of fair average ability and no more. Were I disposed to be critical, I could substantiate, with my examination papers, the statement that there has been in the classes at least as large a proportion of men who might wisely have chosen some other less exacting profession than medicine as exists in any other medical college.

In regard to the second inference—my observation leads me to think, and the records of the State Board substantiate my opinion, that the

instruction given by the New York Homœopathic Medical College in the subjects in general medicine is well up to the standard set by the state.

My first inference does not require comment. Outside of the college it is generally admitted to be true, as it is of all other homœopathic colleges. A bit of history will illustrate this point. Five years ago the New York Homœopathic College was *in extremis,* with not enough students to justify her in keeping her doors open, and on the point of losing her charter.

In meeting this crisis, the Alumni Committee, acting in conjunction with the Trustees, sent out a circular letter to all its alumni, requesting them to state their reasons for not supporting the college by sending students, and inviting criticisms and suggestions.

More than seven hundred replies were received. When these were tabulated, analyzed and digested, the substance of the whole was found to be contained in two simple statements:

1. You have not adequately taught Homœopathy.

2. Proceed to do so and we will send students.

To comply with these demands a heroic effort was made. The labors of the brilliant and indefatigable dean, ably seconded by the Trustees, the re-organized faculty and the Alumni Committee, resulted in a large influx of new students, which filled the college to the doors.

The department of Homœopathy was manned by teachers known to be able and willing to teach Homœopathy as it should be taught—some of them men of national reputation for mastery of principles, perfection of technique and purity of practice.

Everybody worked with a will, with renewed energy and high hopes for the future. But today, with its halls full, the college finds itself confronted by difficulties which threaten its very existence as a college of Homœopathy. Its position as a teacher and conservator of homœopathic principles and practice is actually no better than before. It is only nominally homœopathic, for Homœopathy exists within it only by sufferance of the students and of the state medical authorities, who are slowly but surely choking and starving it to death by excessive requirements in all branches of general medicine.

One other significant inference has been drawn from the attitude and claims of those who hold that the college graduates men as competent in Homœopathy as they are in general medicine. It is the inference drawn by the average matriculant, consciously or unconsciously. If he has not consciously drawn it he acts as if he had. And herein lies at least one of the reasons why a certain proportion—I will not venture to say how large—of the matriculants choose a "homœopathic" instead of a "regular" college. They reason in this way: "The regular colleges give a very hard course, and the requirements are very strict, the students have all they can do to get through without the added homœopathic studies. The homœopathic college teaches the same branches as the regular college, and in addition, teach the homœopathic branches, the homœopathic students pass the Regent's examinations and are admitted to practice. Hence, something must be done by the homœopathic college to make it easier for its students *in all the branches.*"

Can any fault be found with that logic?

A hazy notion seems to exist in the minds of many students that the homœopathic colleges have some sort of an understanding or "pull" with the State Board by which their students are either given special credit for their homœopathic studies or passed in general medicine under a different standard. Many students have admitted to me that they entered a homœopathic college because they had been led to think that the course was easier, or that they stood a better chance of getting through.

Let me hasten to add that these same students admitted, almost without exception, that they had been disappoined in their expectations. They found the course very difficult; but most of them got through—homœopathic subjects and all.

How do they do it? How can these men of only average ability do all that the students in allopathic colleges do, and learn Homœopathy besides? Answer—they don't.

Where, then, is the accommodation, the lightening of the pressure, the facilitation of progress? Is it in the department of general medicine or the department of Homœopathy?

What is the attitude and course of the men whose business it is to teach the homœopathic branches?

What is the attitude of the other members of the faculty?

These are delicate questions, but the critical situation of Homœopathy requires that they be truthfully answered, for the very life and perpetuity of Homœopathy as an institution is involved.

Let it be premised that every teacher in the department of Homœopathy is honestly struggling to live up to his ethical obligations, according to his best lights, but that he is constantly beset by perplexities, difficulties and obstacles which are actually insurmountable, because they are inherent in the present form of the educational organization. It is the system, not the men, which is at fault.

Some of the teachers have no clear idea of what the trouble really is. They have been hoodwinked. Many of the students have only hazy ideas on the subject, but they yield to an influence, a class spirit, engendered in ways known, if not understood, by every college man.

The result is that both teachers and students

become demoralized, often without realizing it. The teachers know (those of them who have given the matter thought and investigation) that instruction in Homœopathy is not legally required; that subjects in Homœopathy count for nothing in examinations of the State Board for license to practice; that all the work of the students under them is entirely gratuitous, so far as any legal obligation is concerned. They know that their only hold upon the students is a moral or sentimental one, dependent upon their power to interest, cajole or terrify with threats of college penalties. The rest blunder along in the dark as well as they can.

What some of the teachers know some of the students will very soon learn, and pass it on to others. A new class will not be within the college walls a month before every member of it, not a fool, will be more or less cognizant of the actual state of affairs in regard to the status of Homœopathy in the college and before the Regents. Many of them know it before they matriculated.

1. They very soon learn that the obligation to pass the homœopathic branches is only a college, and not a state, requirement, and that these branches have no actual, direct bearing on their standing with the State Board, which is the final arbiter of their medical destiny.

2. They believe that if they can pass the examination of the State Board they will be licensed to practice medicine, irrespective of their standing in their own college in the homœopathic branches.

3. They believe that if they pass the examinations of their own college in all the required branches in general medicine, and are otherwise legally qualified, graduation will not finally be denied them.

4. They believe that under such circumstances *graduation cannot legally be denied them.*

5. Believing thus they think they are in a position to snap their fingers at the department of Homœopathy in spite of its urgings, persuasive appeals to class and college spirit, and threats of being refused graduation, so far as they apply to the homœopathic branches.

On the other hand, they know that their faculty, and particularly their teachers of Homœopathy, honestly desire them to become instructed in Homœopathy, and that the teachers have it in their power to make things disagreeable for them in college if they fail to give at least a reasonable degree of attention to the homœopathic branches, and make a fair attempt to master them.

The outcome seems to be a sort of tacit compromise on the part of teachers and students. The students attend as many of the lectures on Homœopathy as they can, and, while in the class room, endeavor to absorb what is taught. Outside the class room there is no time for study of these subjects, and practically none is given them. The teachers are as lenient as they can be, and strive to keep the interest and attention of the students.

Appeals to college, class or personal honor serve at first to stimulate some of the students to almost superhuman efforts. But soon, as the demands in other departments become more pressing, and the students begin to realize their own limitations, interest begins to flag, attention loses concentration, attendance becomes tardy, partial or irregular, quizzes fail, and a state of general demoralization ensues. Naturally, under the circumstances, threats, reproaches and attempts at discipline arouse only resentment or ridicule, and the teacher who attempts it does it at the peril of losing his hold on the class entirely.

The teachers, some of whom even yet do not understand clearly just what is the matter, do their utmost to stem the tide which sets in against them. But they, too, ultimately come under the discouraging and demoralizing influence which surrounds them, even when they do not realize its true nature. They feel that they are hampered in their work continually by the lack of interest and the indifference of many of the students, the insolence and insubordination of others, and the actual limitations of time and opportunity for study by the few students who are really interested and desirous of learning, but they do not clearly understand the situation as a whole.

No one realizes more fully than the teachers the enormous demands made upon the students by the modern medical curriculum. Being human, they sympathize with them. Their sense of justice requires them to recognize the obligation of the college, having received these students and accepted their fees, to give them such instruction in the required branches as to make their acceptance by the Regents at least reasonably certain, due diligence on the part of the students being predicted, of course. They cannot require unreasonable or impossible things of the students. They know that it is impossible for the students to give the same diligence and maintain the same standard in these homœopathic branches which are not required by the Regents as they do the branches of general medicine which are required. To attempt to enforce it would be to violate their judgment, their conscience or their feelings.

I tried it and violated all three.

One of two courses is usually followed, according to the degree of enlightenment, or the disposition of the teacher.

1. An effort is made to lighten, or shorten, or simplify, or modify the course in some way, so as to bring it within the limitations of the student, and to let up, insensibly, in the rigor of the quizzes and examinations, and mark more generously; or,

2. The teacher, ignorant or heedless of the

real conditions, ignoring all limitations, smothering all humane feelings, gives his work unmodified, making no concessions. Perhaps he tries to threaten or bully the class into keeping up to the standard. In either case he fails utterly. The students laugh him to scorn, hate him for his obstinacy, unreasonableness and inhumanity, and make his life miserable by their conduct or desert him entirely.

The members of the faculty who teach the required branches in general medicine, serene and secure in their official position, and backed by the law, naturally, and rightly, magnify and emphasize the importance and necessity of their several subjects. They are in a position to demand and enforce respect and attention, and the students know it.

Side by side with Homœopathy, as taught in the department of materia medica, the college, in its other departments, teaches other forms and systems of therapeutics. Physical therapeutics, including electro-therapy, hydro-therapy and radio-therapy, vaccine and serum-therapy, autotherapy and the rudiments, at least, of "old school," or physiological materia medica and treatment are all presented in the classes and demonstrated in the hospital.

Quite naturally, in view of all the emphasis laid upon the legally required branches in general medicine, does the student infer that these are practically as well as legally the most important.

Quite naturally, too, in view of the elaborate demonstration of the extra-homœopathic methods of treatment, and the emphasis laid upon their "modern" and "scientific" character, does he infer that they must be superior to Homœopathy. Why should he not do so? He has had no experience to teach him otherwise. He can judge only from appearances, and appearances are all against Homœopathy. His teachers in the department of Homœopathy cannot tell him otherwise, for that would be to violate the ethics of their position. Being members of the faculty, they cannot ethically criticise or condemn the teaching of their colleagues in other departments, even by implication. They would gain nothing to the purpose if they did, for the man who does so violate the accepted ethical standards is immediately discredited by the students and loses his hold upon them. His lips are sealed. All he can do is to go on quietly presenting the claims of Homœopathy in a non-partisan manner and spirit.

Under such conditions the teacher of Homœopathy is working under overwhelming disadvantages. Homœopathy, at its best, is not spectacular. It does not readily lend itself to mechanical or spectacular demonstration. It makes only the quiet appeal to reason, judgment and experience. It makes but a poor showing, superficially, against the elaborate technique and showy equipment or the laboratory and operating amphitheatre, with their appeal to the senses and emotions. One might also say that it requires a certain type of mind, a certain clearness of perception and openness to conviction, to appreciate or understand Homœopathy. It is a type of mind not met every day. The qualities which go to the making up of a good Homœopath do not exist in every medical student. They are qualities which can be cultivated and developed when they do exist, but the conditions must be favorable even then. Such conditions do not exist, and cannot exist, in any homœopathic college as now organized. From a homœopathic standpoint the whole atmosphere of a college conducted under existing conditions is vitiated. The results of breathing vitiated air are the same everywhere. Certainly Homœopathy cannot live and thrive in such an atmosphere.

That such conditions exist cannot be denied. It is realized more or less fully, and admitted by everyone at all acquainted with the situation. The results are patent to all, even if the cause is not clearly seen.

It is a fact of common knowledge, and of general grief and reproach, that for many years colleges nominally homœopathic have graduated students apparently either devoid of homœopathic principles or without deep conviction of their truth; virtually ignorant of the technique of prescribing; having little or no vital interest or enthusiasm for Homœopathy; ashamed of the honorable name they bear; and ready, at the slightest pretext, to forsake Homœopathy and resort to the hypodermic needle for the injection of any drug, vaccine or serum dictated by the fashion of the day. It is a significant fact that they are all, at least mechanically, qualified to do so. Where and why were they taught these things?

If this were true of only an occasional graduate, or of only a small percentage of the total number graduated, it could be attributed to the failing of the men themselves; but when, according to general observation, it is true of a large proportion, and, according to many, or a large majority, such an explanation fails.

The sentiments and convictions of students are created in the colleges and hospitals where they are being taught.

The trouble must lie, therefore, with the colleges. It must be that they not only fail to thoroughly and convincingly teach Homœopathy, but that they confuse and prejudice the minds of the students by teaching them things which are at variance with or antagonistic to Homœopathy.

The part played by the hospitals connected with the colleges must not be overlooked. Education in Homœopathy does not consist merely of didactic and theoretical teaching in the lecture room. There must also be practical illustration and demonstration of the principles and methods

in the clinics and wards of the hospitals. Students must not only see these demonstrations competently carried out, but they must themselves take part in them and perform them under the direction of their teachers and demonstrators.

They must be exercised and trained in the practical application of the principles. That is the only true education.

When they see with their own eyes the wonderful results of Homœopathy as applied by experts, and as brought about by their own properly guided efforts, they will be convinced of its truth and efficiency. Enthusiasm and conviction follow as a natural outcome, and they can come in no other way. There will be no lack of men with zeal and enthusiasm for Homœopathy when such a course is carried out. The problem of how to reach and educate "the people" in Homœopathy will be solved. Every student graduated under such conditions will become a missionary, a propagandist, filled, according to his capacity, with zeal and enthusiasm.

Everyone is conscious that something is wrong in Homœopathy, but no one seems to see clearly either the cause or the remedy. All sorts of charges, accusations and recriminations are made. Our college faculties are charged with being "lacking in harmony," of neglecting their duty, of "failing to inculcate the principles of Homœopathy," of "leading toward union with the old school," of insincerity and looseness of practice," of "treachery to the cause," and many other things. Such criticisms are based upon a total misunderstanding of the actual conditions in the educational world. Under existing conditions things could not be other than they are.

I repeat it is the system which is at fault, not the men. The majority of the men are doing the best they can under the conditions. The remedy is to change the conditions and adopt a new and exclusive method of education.

### THE REMEDY.

Under existing legal and educational conditions a college teaching general medicine should not try to teach Homœopathy.

It is not fair, and it is not necessary, that the teaching of Homœopathy should be submitted to such conditions as I have pointed out. There is another and a better way.

Homœopathy has no standing under the law. Introduced into the curriculum of a college compelled to teach general medicine, it immediately becomes an element of discord, an interloper, for reasons already shown. Harmony and progress under such conditions is impossible. In the contest which follows, Homœopathy invariably goes to the wall, fighting for existence, and unable to do more than barely save her life. Fortunate, indeed, is it that she has, thus far, been able to do even that.

Homœopathy must stand alone. A homœopathic college must become in fact what it is in theory and name, a *College of Homœopathy*—and of *nothing else*.

The student of medicine must get his education in general medicine in colleges organized for teaching general medicine and nothing else. He must give his undivided attention to that great task until it is completed. He must comply with existing laws regulating medical education in order to get his license to practice. The requirements of those laws are so exacting and so extensive that his strength and ability will be taxed to their utmost to fulfill them in the required period.

The wisdom of those laws I do not question, nor do I repine at the failure of our school, through its representatives, to prevent the abolition of the former separate state boards, and with them, our legal standing as a school. They builded better than they knew. I accept it cheerfully, because I see that it will work out a better way, the only right way, and that is the way of the post-graduate school of Homœopathy.

The student of Homœopathy, like the student of general medicine, must also be able to give *his* undivided attention to the subject in hand, undisturbed by controversy, by hampering conditions, by lack of interest and sympathy in himself or his teachers, or by lack of harmony among the members of his faculty. He must bring to his work a genuine interest in and desire for the truth as it is in Homœopathy. He must, and will, come to the post-graduate school of Homœopathy because he wants to come, for the sole purpose of learning Homœopathy and its methods. To such a school he will come intelligently, and, when Homœopathy is presented to him adequately, theoretically and practically, by teachers who are competent for their work and thoroughly imbued with the true spirit of Homœopathy, he will be able to appreciate what is taught him. Students coming under such condition will be teachable. They will almost educate themselves. They will require only intelligent and sympathetic guidance.

In no other practicable way can the necessary conditions be fulfilled save in the establishment of post-graduate schools of Homœopathy. And these are necessary if Homœopathy is to survive in its integrity; for Homœopathy as an institution is doomed to extinction unless it takes measures to check the general degeneration and demoralization in its ranks. Legally, it is practically extinct now, as a result, not only of its own internal decay and disorder, but of a deliberate and far-sighted policy of extinction, pursued systematically by the American Medical Association and other allopathic forces for many years past.

Little by little, political and educational restrictions and exactions have been increased until already we find ourselves almost helpless, and the

end is not yet. Some of our colleges have already succumbed. Others will soon follow. It is freely predicted by those in a position to judge, that in a few years, probably less than five, only three homœopathic colleges will remain.

I venture to predict that none will remain in fact, although three colleges of general medicine may still retain the word "homœopathic" in their corporate name and title. Whether they will continue to keep up the pretence of teaching Homœopathy or not remains to be seen.

What, then, are our students to do? Where may an education in Homœopathy be obtained? How are our ranks to be recruited? Is Homœopathy to become extinct?

The future looks dark, but to the eye of faith it was never brighter. A new day is beginning to dawn. Homœopathic education, in all its essential features, will revert to the methods of the early days, under Hahnemann, Hering and Lippe, typified in Hahnemann's school in Leipsic, and later in the Philadelphia Post-Graluate School of Homœopathy, organiged by Dr. Kent.

Personal instruction by preceptors will again come into its own. Students will be indoctrinated in Homœopathy before they enter college. Post-graduate schools of Homœopathy will be established, and open their doors to willing, intelligent and qualified seekers after a true education.

Young men, graduates of recognized colleges of general medicine, and some older physicians who have fiulfilled all legal requirements, and are free to choose what methods of therapeutics they will follow, will come and fill their modest halls.

They will be taught the pure principles and practical methods of accepted and authentic Homœopathy by men who are competent teachers and worthy followers of him whose name we all delight to honor, and "the last days will be better than the first."

What we may lose in numbers we shall gain in quality, and in the long run, it is quality that counts.

248 Hancock Street.

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**Strychnia.**

Dr. James C. Wood, Cleveland, said: "Just one word as to the homœopathic treatment of shock, which I have been carrying out for some time with very great satisfaction. Dr. Crile, of my city, in his work on 'Experimental Surgery,' showed conclusively that strychnia in physiological doses is the very worst thing you can give in shock, for the reason that strychnia produces the exact counterpart when given in toxicological doses. Acting upon this suggestion I have for a long time been using strychnia 3x, 10m. hypodermically so as to get the homœopathic effect in shock. It has given the greatest satisfaction."—*Journal of American Institute of Homœopathy*, January, 1913.

## THE SALTS OF BARYTA.

BY G. E. DIENST, M. D., AURORA, ILL.

THERE are four forms of this salt known to medicine; they are the carbonate, the iodide, the muriate and the sulfate. They all have a similar base, but from this base they branch out into various directions, each having its own peculiar characteristics. The Carbonate and Muriate have been well proven, but of the iodide and sulfate we know little except what is gained by clinical experiments. The first point to be remembered in the study of these salts is that they are DECIDEDLY SCROFULOUS and are indicated in *dwarfish* children and *old people.*

The carbonate is particularly useful in old people who grow very fat and who are always complaining of some ache or pain. Secondly, you will notice that they are all disposed to diseases of the glands,—swelling, hardening, suppurating glands; enlargement of the cervical, parotid, axillary, lymphatic and mammary glands. The *carbonate* is particularly indicated in the enlargement of the glands of the neck, the tonsils and the prostate.

The iodide is indicated in new growths, tumors, etc. The carbonate has often been found useful in tumors of the breast and in sarcoma of the neck.

The muriate is indicated in *indurated glands,* especially when these glands seem to form chains and become very hard. Induration of the tonsils and the pancreas must not be forgotten nor the swelling of the salivary glands.

In the third place, these salts have a marked influence over the vascular system. Hence, they are to be thought of in aneurism, atheromatous conditions in general. This is especially true of the carbonate while the muriate is to be thought of in *abdominal* aneurism. Both the carbonate and the muriate have a strong action upon the heart and the arteries. The carbonate has a violent palpitation with soreness in the heart, which soreness is aggravated by lying on the left side, by thinking of it and from physical exertion. It is to be thought of in those long-lasting attacks of palpitation.

In the fourth place, these salts have a marked affinity for the nervous system. Thus the carbonate has paralysis of mind and body. It has marked paralysis of the lungs and becomes a strong competitor of Camphor, Aluminum and Antimonium tartaricum. In the Muriate we have a greater tendency to convulsions than to paralysis; particularly periodical attacks of convulsions with excessive jactitation of the limbs. We have no provings on this point in the iodide or sulfate.

In the fifth place, we have, in a general way, in the carbonate a mental state of mistrust, want of self-confidence, aversion to strangers. In a child we find that the child does not want to meet strange playmates and will refuse to play with strange playmates, and such children we always

find are very slow to learn. In the muriate we have idiocy, mania with marked perversion or increase of sexual desire.

"Convulsion in every form of mania as soon as the sexual desire is excited or increased."

In the paralysis of the carbonate we have competitors in camphor and causticum—on perverted mental conditions often found in old people we have strong competitors in Chamomilla, China, Conium and Selenium, but each with its special and separate indications.

In the sixth place, let us observe these very marked generals. The carbonate is to be thought of in diseases produced by suppressed foot-sweat —feeling of weakness predominant—in all of the salts of Baryta. The carbonate has cold clammy feet just as notable as has Calcarea carb., all are worse in the cold air; cold washing; cold damp weather; warm food; headaches from being in hot sun or near a hot stove. They have grave complaints from raising the arms, from mental emotion, from thinking of their complaints—they are worse in company and better when alone and from eating cold food.

The carbonate is predominantly left sided, offensive on one side, predominantly on the left, which is also worse on lying on the painful side, worse also on lying on the left side and after eating. The carbonate particularly has such a sense of weakness and languor that the patient canot raise his hands to his head. Not only this, but it often has such a sense of weakness and languor that the patient cannot masticate his food. This is true of both the carbonate and the muriate, but it is not true of the iodide. You will also remember that the muriate has particularly recurrent tonsillitis in the autumn and the spring. It has peculiar earache, which is relieved by sipping cold water. With these generals before us let us now turn to some of the particulars and see what these people think and how they feel.

The carbonate has a want of clear consciousness, especially in old people, those who have grown very fat, in apoplectics, and with people who groan and murmur a great deal when they feel a trifle ill. Childish and thoughtless behavior is peculiar to the Barytas. Then we have also the talkative mania, especially in girls before the catamenia, and, with this condition, there is so often found a yellowish complexion, white coated tongue with redness and little ulcers on the margin of the tongue and nausea without being able to vomit. These and similar conditions are found particularly in thin skinned girls, in tubercular diatheses and where the skin is easily denuded. In all of them we find great and bodily weakness, weak deficient memory in children, absent mindedness, dullness of perception, idiocy, great loquacity, especially during pregnancy, but this loquaciousness is confused, the patient wants to go out of the house, wants to go here and there without any particular reason for doing so, aversion to strangers, dread of men, great solicitude about one's health.

In the muriate there is, as in the carbonate, idiocy, inattention on the part of the children, glandular indurations and attacks of epilepsy with full consciousness. There is also in the carbonate dejection and dread of men in adults. There is a tendency to great anxiety and, with this anxiety, there is severe pressure in the stomach so that the greater the anxiety the greater the pressure with nausea and wretching causing the patient to bend double, forward, as in Colocynth. There is one word which covers the mental and physical condition of children more than any other word and that is the word "inert." The symptomatology of these salts is intensely interesting and very voluminous. The Carbonate has a sensation as if the brain were loose, the brain seems to move to and fro on the motion of the body with a sensation frequently as if stupefied or benumbed.

In the muriate we have a sensation as if the head were too heavy to even lift up, but particularly a vertigo as if everything were turning around. In the inner head the carbonate has a marked tendency to apoplexy in old people. We also have a pressure in the brain under the vertex extending toward the occiput which is aggravated by walking and is accompanied with a stiff neck. These symptoms are not found in the muriate; we have, however, marked symptoms in this salt pertaining to the inner head. On the integument of the head the carbonate has numbness of the skin in the forehead extending down to the root of the nose. The head is sensitive to cold and in undue exposure of the head to cold or washing the head with cold water causes a sensation as if a severe attack of coryza were brought on. We also have crusts, moist crusts, itching and burning causing the hair to fall out and, with this condition, we nearly always have swelling and induration of the cervical gland.

The carbonate is often thought of in tinea after scarlet fever and in eruptions and tumor of the scalp. The most marked condition is falling off of the hair from the crown of the head.

The muriate has tinea capitas extending to the sides of the head and posterior portion of the neck. The head is often covered with a thick fetid scurf, offensive and inclined to the discharge of pus. So far as the diseases of the eye are concerned, the muriate has a marked scrofulus ophthalmia with eyes much inflamed, lids swollen, pupils dilated and immovable with great sensitiveness to light.

In the carbonate the light dazzles and hurts the eyes and then there are fiery-like sparks before the eyes, appearances as flying webs and black spots. As in the muriate, so in this, the pupils are immovable and irregular. It is said that the carbonate will abort cataract, modify

or remove paannus and clear up ulcers of the cornea.

In the ears we have buzzing and ringing,—in the carbonate, with various noises and sounds, defined by the patient as echoes, cracklings, reports, reverberations with violent throbbing or drawing pains in the ears. The crackling sound is particularly manifested when sneezing, swallowing or walking fast. The roaring sound is intensified by each inspiration. The patient, objectively, has eruptions on and behind the ears, similar to Graphites, and parotitis after scarlatina.

In the muriate we have an otorrhœa after scarlet fever. The discharge is very offensive and has the appearance of pus. The muriate also has catarrh of the ears, deep-seated catarrh with an odor from the ears similar to that of rotten cheese. In this remedy we also have abscesses behind the ears, swelling of the parotid, submaxillary and cervical glands and these swellings are very hard.

On the nose and its functions we have but few marked symptoms, one of which is subjectively, namely, *a sensation as of smoke in the nose during an attack of pneumonia.* We also have fluent coryza, nose bleed before catamenia. The coryza is very peculiar in this that the nose and the upper lip are greatly swollen and when this is found in children, who are dwarfish and have large abdomens, you will make no mistake in prescribing this remedy. In the muriate we have no marked symptoms of the nose except in the case of chronic catarrh where the general symptoms agree.

On the face the carbonate has tension as from a cob web over the face, temples and scalp, or more particularly, a feeling as if the face had been coated with the white of an egg and left to dry, and while this is found in one or two other remedies, the differentiation lies in this that the carbonate has loathing of food and a diarrhœa. In apoplexy there is likely to be circumscribed dark rednes of both cheeks; this is a remedy to be thought of in inflammatory prosopalgia, rough and dry spots on the face, particularly the right cheek, herpetic and other eruptions on the face. It seems strange, but true, that eating is one of the most laborious things the carbonate has to do, for it is not only too weak to masticate, but after eating or attempting to eat but little she is so tired she cannot raise her hands. Passing down the face we find painful swellings of the submaxillary glands with indurations after scarlet fever. In the muriate we have enlarged indurated and painful submaxillary glands in connection with catarrhal otorrhœa.

On the teeth we have some very peculiar provings; the carbonate, for instance, has a toothache when thinking about it and a disappearance of the pain as soon as the mind is diverted to something else. It has pain in the carious teeth after taking cold, violent pain with swelling of the gums, swelling of the cheek, the pain extending to the nose, eyes and temples with violent throbbing in the ears and all symptoms worse at night. It is used to cure fistula dentalis and abscesses at the roots of the teeth. On the inner mouth the carbonate has paralysis of the tongue, especially in old people, and in apoplexy and those disposed to apoplexy. Then we have also a pathological hardness on the middle of the tongue which burns when touched, also a burning sensation or excoriation at the tip of the tongue, and it is a remedy often to be thought of in fissures of the tongue, particularly when these fissures feel excoriated. On the inner mouth we have a great dryness early in the morning after rising, but in hypochondriacs we find them hawking up a great deal of mucus with water running from the mouth all day. These people are troubled a great deal with a tough phlegm in the mouth. Now, during an attack of tonsillitis, we have a marked salivation, inability to swallow, tendency to suffocation from excessively swollen tonsils with threatening suppuration of the throat. The muriate has similar symptoms with this marked condition: that in induration of the pancreas the saliva runs out of the mouth in large quantities with every paroxysm of pain. Now in connection with that, we have one of the most marked modalities in the carbonate, it is *the inability to swallow anything but liquids*, while in the muriate we have a chronic scrofulous enlargement and induration of the tonsils. The appetite and thirst are not very marked in either of the Barytas, except that in the carbonate there is a constant thirst during an attack of tonsillitis. This seems true also in the muriate and we have, in this operation, a marked appetite for *dry wheat bread.* The carbonate has a marked weakness of the stomach with a pressure like a stone in the stomach after eating bread. Indeed, the stomach is characterized as being weak, so weak that the introduction of the slightest food causes an intense aching. Now, with this we have also eructations known as water-brash. This is characterized by a sudden accumulation of water in the mouth. In the muriate we have very much indigestion, but on examining the stomach we will find, in addition to the indigestion, just below and to the left side, a hardness, thickening of the tissues from which there seem to originate paroxysms of difficult breathing. This will help you at once to look for an indurated pancreas; but apart from this pancreatic induration we have a hardening of the walls of the stomach impending digestion.

In the carbonate the stomach is much more sensitive to touch; there is greater inclination to gastralgia; the pains are of the pressing nature, and, though we sometimes have a marked hardness in the region of the tomach, in the scrofulous we find a softening instead of hardening. This sense of hardening, however, goes through

the pathogenesis of both the carbonate and the muriate for, on full examination, we find in scrofulous children a marked hardness of the abdomen, enlargement and swelling of the mesenteric glands, tabes-mesenterica, and often we find this sensation—that on turning in bed the intestines seem to fall on the side lain on.

In the muriate the abdomen is much more swollen than in the carbonate and with the distention there is marked hardness, distressing, throbbing, particularly so when there is a tumor in the abdomen. On looking over the digestive track further we find both remedies severely constipated. In the carbonate the stool is scanty, hard or lumpy and expelled with great difficulty. We also find marked tendency to hæmorrhoidal tumors, and in and around these tumors there is a burning pain, soreness as if the parts were excoriated.

In the muriate, though we have constipation, the stools are very jelly-like in appearance, often bloody and frequently covered with mucus. There seems to be no pain during an excavation of the bowels, but in fifteen or twenty minutes afterwards the patient seems to suffer the most intense pain.

In the renal track we find little of consequence, in either the carbonate or the muriate. On the gentalia there may be either great relaxation or a tendency to hypertrophy, a condition found in both the carbonate and the muriate. On the respiratory organs the carbonate has a feeling in the larynx as if the larynx were filled with smoke or pitch during inspiration. The voice is often husky, rough, imperfect, and in severe catarrhal conditions there is hoarsenes or even loss of voice because of accumulation of tough mucus in the larynx and trachea. Indeed, we have marked catarrh of the trachea with a cough sounding very much like whooping-cough. In the muriate we have a dry cough with attacks of dyspnœa. The patient has to sit up and bend his head forward in order to breathe. *It is one of the most useful remedies in the Materia Medica for chronic cough in scrofulous children.* In the carbonate we have a sensation in the lungs as if they were *full of smoke.* This is particularly true after pneumonia, but its greatest sphere of action is found in *senile* conditions where there is great difficulty in breathing upon lying down, suffocative catarrh of old people with impending paralysis of the lungs.

The muriate has blenorrhœa of the lungs, especially in scrofulosa. This is one of the remedies to be thought of in phthisis scrofulosa with herpetic eruptions and indurated glands. In the carbonate we have swelling of the cellular tissue of the neck with swelling of the gland in the nape of the neck and occiput with much pain in the ears and in the head. With these there is frequently associated a tension in the neck and scapulæ, or we may have cramps in the neck on moving the head. These swollen glands, especially the cervical, often suppurate, but when the remedy is given in time suppuration may be prevented. It is one of the remedies to be thought of in the fatty tumors of the neck, also in sarcoma of the neck with great burning.

When you find in a gouty individual great stiffness in the neck, the patient can hardly raise himself from the chair, you will think of Baryta carb. Indeed, the back is full of pain. Pain in the lumbar region, often the forerunner of apoplexy and paralysis; soreness in the lumbar region often followed by frequent diarrhœaic stools. In many cases of diarrhœa with severe pain in the small of the back you will think of Baryta carb.

The muriate also has enlargement and induration of the cervical glands. These glands become of stony hardness and are nearly always associated with otorrhœa, the whole neck and throat are full of glandular swellings, some of them the size of a hen's egg. We also find this induration of glands affecting the submaxillary, the parotid, some of them attaining the size of a pigeon's egg. The muriate, however, has not the back symptoms of the carbonate, nor is it as rich in its symptomatology of the back as is the carbonate.

In the upper limbs we have, in the carbonate, glandular swellings in the axilla, encysted in the arm pit, pains in the arms with hard, swollen axillary glands, pain in the deltoid muscle when raising the arm, numbness of the arms when on them, with all, great weakness of the arms so that they can scarcely be raised.

We have also hot hands, so hot that the patient often dips them in cold water for relief; then as age comes on we have cold hands with bruised spots, fingers feel numb, as if they were asleep, and there we have warts and panaritium. The provings of the muriate are negative so far as the upper limbs are concerned. In the lower limbs the carbonate has an intense fetid foot sweat. This sweat is so profuse as to make the toes and soles very sore and it is one of the first remedies to be thought of in diseases following suppression of foot sweat, for, then we have tearing, dragging, drawing pains in the limbs with tremors of the feet while standing, paralysis of the flexors of the feet with great tension in the tendons.

In young girls we often find sudden sharp pains running through the knee which often forces them to sit down and rest, and, though, not particularly in the province of this paper, let us mention the important fact that the carbonate is often of great use in the lameness of spavined horses. For we have thus, a violent stitch in the knee when kneeling followed by a peculiar tension in the right patella, making it quite difficult to walk. This is particularly true in hæmorrhagic extravasation of the knee. Briefly, it should come to mind in all sorts of articulr troubles, where there is hæmorrhagic extravasa-

tions. It is in the nervous system where we find a great sphere of the usefulness for the salts of Baryta: thus in the carbonate there is heaviness in the whole body, numbness, particularly of the entire nervous system, loss of strength, suddenly weak and weary, the patient wishes to lean on something, to sit or lie down and even though the patient sits or lies he still feels weak and weary. This weakness may be carried to such an extent as to prevent them chewing food or sitting up in bed. In the aged we find great weakness of the mind and body, neurotic lameness, particularly after suppressing foot sweat, paralysis of old people with trembling of the limbs and particularly paralysis following a stroke of apoplexy.

In the muriate we have a greater tendency to convulsions than to paralysis—convulsions with tremors and twitches over the body, convulsions accompanied by shocks which shake the whole body, great heaviness of the limbs, paralysis of the left side, especially with a general malaise.

As to sleep, the carbonate is inclined to great drowsiness, during the day, but when these people get sick with tonsilitis or any throat trouble then they become sleepless, often awake all night, feel too hot, with a general feeling of internal uneasiness. This internal heat at night with a great restlessness accompanied or followed by night sweats should at once point to Baryta carb.

As to chills and fever, the carbonate has a one-sided chilliness, predominantly the left side. We also have chilliness alternating with heat, especially at night. The fevers of Baryta carb. are predominantly in the evening or at night and are characterized with little thirst, violent pulsation internally in the head, vertigo on rising from a disturbed sleep and followed the next morning by a violent thirst. It is often a great palliative in consumptive fevers that comes on in the evening or at night. The muriate has tertian intermittent fever characterized by chills without thirst, while the carbonate has a thirst during the heat. The sensations produced by these remedies are many and time forbids mentioning but a few.

Thus in the carbonate we have a sensation as if the head would be turned inside out, as if the brain were loose, as if the head were pressed in a vise, as if the skull would split, as if the blood could not circulate through the body, as if something were drawn over scalp tightly, as if the hair stood on end, as if the white of an egg had dried on the face, as if the face were swollen, as if the throat were swollen, as if the tongue were full of blisters, as of a plug in the throat, as if the food had to force itself over a sore spot in the æsophagus, as if the intestines fell from one side to the other on turning in bed, as if the lungs were full of smoke, as if something had dropped down in the chest, as if the spine would fall in, as if cold water were poured over one.

In the diseases of the skin these salts play an important part. Thus the carbonate is of great value not only in itching, burning on the skin here and there, but in rhagadic conditions of the palmear surface of the hands and the tips of the fingers.

The muriate is to be thought of in various forms of scrofulous eruptions, particularly where the whole body is covered with ulcers in scrofulous individuals. These eruptions are usually yellowish, scaly eruptions and in the old fashioned tetter the muriate plays an important part. This is but a superficial study of this valuable part of the Materia Medica, and I dare say in study and in practice these things are often sorrowfully neglected to the detriment of suffering humanity.

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## EUCALYPTUS GLOBULUS.*

BY A. L. BLACKWOOD, M. D., CHICAGO, ILL.

THIS agent is derived from the Australian Fever or Blue Gum Tree. The tree has been transplanted into many districts in tropical and semi-tropical climates to control malarious conditions, which it does partially as a reult of its capability of absorbing water, and partially from the influence that it has over the development of the plasmodium malaria.

It is an antiseptic, antipyretic, hemostatic, nutrient stimulant, deodorant, disinfectant; non-poisonous and non-irritating. When taken internally in small doses it acts as a gentle stimulant, excites the flow of saliva and gastric juices, induces a feeling of buoyancy with increased appetite, and produces a feeling of warmth in the upper portion of the alimentary tract. The intestinal secretions are increased and the regular evacuations from the bowels are more copious and easier. In larger doses it produces irritation of the throat, with an increased flow of saliva and cephalgia, herpetic eruptions on the skin, glandular enlargement, with indolent ulcers; in still larger doses it produces a sensation of fatigue, intoxication, with drowsiness and loss of power over the limbs. The bodily temperature is increased, the pulse is quickened, the arterial tension is increased, there is more or less gastric irritation, with a relaxed condition of the bowels, and a sense of weight and uneasiness in the epigastrium, which may assume the dignity of a real diarrhœa. The fluids and solids of the urine are increased in quantity, due to its action upon the heart and renal cells. The urine has the odor of violets. Very large doses produce a general physical depression, with drowsiness and loss of motor power in the extremities, while the

*Read before American Institute of Homœopathy at Denver.

skin is pale, cold and insensible, the pupils are contracted, the pulse is imperceptible, the respirations are short, jerky and interrupted. The peculiar odor of the oil is exhalted by the breath. It is eliminated by the lungs and kidneys and causes an increase in the amount of urea excreted. When applied locally the oil is an irritant, especially if it is allowed to evaporate.

When this remedy is indicated the patient presents a picture of toxæmia, complains of a sensation of exhaustion, weakness of the extremities, chronic catarrhal condition, with weight in the bowels, chronic catarrh of the bladder; frequently the urine contains pus and is deficient in urea. The mucous membrane in general is relaxed, and there is a profuse catarrhal secretion from it. The tongue presents a pasty appearance, is badly coated, and there may be a foul odor from the mouth. There is sore throat with a foul odor, and frequently a false membrane. The broncho-purulent tract presents a catarrhal condition. It is of service in the chronic cases and mucous colitis, and in malaria.

It should be remembered in the megrin of plethoric subjects, especially in those who are subject to malaria, gout and rheumatism, and in cephalgia due to malaria and other toxic conditions, especially if it is congestive in character, is followed by a rise of temperature, and there is a deficient elimination of urinary solids.

It is indicated in acute rhinitis and coryza, when the nose seems stuffed, and there is a sensation of tightness across the bridge of the nose, with dull frontal headache, and a thin watery discharge from the nares. There is irritation of the nasal mucous membrane and burning in the naso-pharynx. The ethmoid and frontal sinuses may be involved, and there is pain above the eyes and over the nose, and pressure over the region of the ethmoid sinus produces severe pain. It is also of service when these conditions have become chronic and the discharge from the sinuses and nares is purulent and fetid in character. In these cases it will be found serviceable by inhalation as well as internally. Its usefulness by these methods during epidemics of influenza both as prophylactic and disinfectant is apparent to all that have employed it.

It is equally as beneficial in disease of the respiratory tract as laryngitis, when this is attended with asthma and a profuse secretion of mucus. In cases of chronic bronchitis with bronchorrhœa and even emphysema, it should be carefully studied, as well as in that most fatal condition, pulmonic gangrene. It should be remembered as an agent to be administered internally, as well as by inhalation, in cases of aspiration pneumonia.

In those cases of tuberculosis in which there is a catarrhal condition of the pharynx and of the stomach present, with loss of appetite. It will be found that under its influence the catarrhal condition is corrected, the appetite returns and a general systemic improvement is noted. It reduces the amount of the expectoration, allays the cough, controls the hæmorrhage, corrects the fetor and reduces the mixed infection of the sputum. The attending dyspnœa is reduced and all rales apart from those due to pulmonary cavities subside.

It may be administered by the intra-tracheal method or hypodermically in pulmonary tuberculosis, and locally in chronic laryngitis. It is easily applied, and is well borne, the digestion is not disturbed, and it gives uniformly good results. If it is employed hypodermically a mixture of five parts of oil of Eucalyptus and 95 parts of Olive oil may be used at first, while later an eight per cent. mixture may be employed. At first fifteen minims may be used and this increased to forty-five minims. The treatment may be given daily or upon alternate days.

In chronic bronchitis of the aged and the enfeebled it is of service especially if the patient presents a septic condition. The sputum is inclined to be fetid. There is more or less gatro-intestinal fermentation and there is defective stimulation from the kidneys.

It has been a most potent remedy in advanced and chronic cases of catarrhal cystitis, when the urine is high-colored and contains an abnormal amount of mucus and pus; urination is often extremely painful. The urine is frequently alkaline in reaction. There is a sensation as though the bladder had lost its expulsive force, and a spasmodic stricture had developed.

It is indicated in the acute nephritis that complicates the acute infectious diseases, as measles, scarlet fever, diphtheria and influenza, when the case shows signs of a septic condition. There is albumen, renal epithelial cells, hyaline casts, and blood in the urine. The urine is diminished in quantity, is of a high color, and is turbid. The total amount of urea is much diminished. It should be remembered in chronic desquamative nephritis, granular degeneration of the kidney, pyelo-nephritis and hydronephrosis, when the general indications for the remedy are present. It has been found curative in urethral carbuncles.

It is frequently indicated in cases of septic and typhoid fever. In Australia it has been most thoroughly tested in fevers, in the hospitals, as well as private practice, and has been pronounced superior to all other remedies. There is a tendency to foulness of the discharges, with high temperature, an accelerated pulse with but moderate tension. In typhoid and typhus fever, the temperature is reduced to 100 or 101 F., the discharges speedily loose their fetor, and convalescence is more rapid. The late Dr. E. M. Hale, speaking of this remedy, said: "If I were confined to one remedy in the treatment of typhoid fever, I would select this one."

This remedy should be carefully studied in derangement of the stomach, cases of atonic dyspepsia and catarrhal gastritis, when there is

a sensation of burning, goneness and faintness in the epigastrium as if he had eaten too much, and there is a throbbing felt in the stomach which is synchronous with the beats of the heart. The digestion is slow and is attended with gaseous distension and eructations. Chronic gastric ulcers are greatly benefitted by it. It corrects the acidity, prevents necrosis of the tissue and promotes healing of the ulcer.

When we remember the action of this remedy it is to be expected that it will have a most positive action in cases of diarrhœa when the stools are thin and watery, and are preceded by sharp pains and aching in the lower part of the bowels; also in cases of chronic diarrhœa and dysentery, when the stool consists of much mucus and blood, also in cases of typhoid and dysenteric diarrhœa. There is a sensation of great heat in the rectum with tenesmus, marked prostration, hæmorrhages with fetor of the stools.

It should be remembered in those cases of pseudo-leukæmia that are dependent upon a chronic malarial infection.

It is astonishing that this remedy has not found a greater use in the management of scarlet fever and its prevention. An Australian observer states: "If administered before the advent of the disease it will protect the most susceptible, even if exposed, and in the relief when administered in well developed cases it not only allays the disease, but prevents its dissemination. If given early there is an arrest of the eruption. It controls the angina, and speedily reduces the enlarged cervical glands, and modifies the temperature. If albumen is present in the urine it speedily subsides. When this remedy is indicated in these cases it should be taken internally and the oil placed upon objects about the patient for inhalation. For several years it has been my custom to have the patient anointed during desquamation with a mixture of the oil of Eucalyptus and Olive oil, one to twelve. It controls the itching and prevents infection from the desquamation.

Both the oil and Eucalyptus are highly serviceable in cases of puerperal sepsis. It should be introduced into the cavity of the uterus by means of absorbent cotton, fresh tampons should be applied from time to time, and the treatment continued for two or three days following the disappearance of the fever. Following the application there is soon a subsidence of the local phenomena and particularly of the fever. It excites a hyperleucocytosis that is destructive to bacteria and yet does not produce any toxic effects.

The influence of the oil as an agent in the controlling of pyorrhœa has been long recognized. When the teeth have been cleaned its application to the gums not only controls the development of the pyogenic bacteria, but stimulates the local cells.

The Eucalyptus has been employed locally to prevent sepsis following extensive burns: Eucalyptus oil with Olive oil 1 to 5.

In case of sea-sickness in delicate patients, the Eucalyptus in the form of lozenges has been found of service. They are carried by the patient and one taken when there is a feeling of sickness (3 to 4) a day is often of great benefit.

Eucalyptus is an antidote to Strychnia. A decoction of the leaves of Eucalyptus globulus and a solution of a salt of Strychnine from a flocculent precipitate. In animals when these drugs were given simultaneously the animals survived.

Eucalyptus is an organic oxide (cineol) obtained from the volatile oil during distillation.

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## THE INTERPRETATION OF SYMPTOMS.

BY GEORGE ROYAL, M. D., DES MOINES, IA.

THE older I grow the less patient am I with those members of the homœopathic profession who insist that "A symptom is a symptom wherever found," *i. e.*, that a symptom is always of the same rank and value whether found among the symptoms of different remedies or different groups of the same remedy. I was taught that a symptom varied in importance according as it was found in different remedies or groups of the same remedy. I have always taught this truth and been guided by it in my practice. The authors of all our repertories, from Bœnninghausen down to Kent, have recognized this truth, As a result Bœnninghausen divided the remedies into groups and the groups into four classes. To illustrate, we find, in his Pocket Book, twenty-two remedies to be studied for haughtiness. Of these three are of the first rank, one of the second rank, five of the third rank and thirteen of the fourth.

This simply means that for patients having the symptom "Haughty" in their group, Lycopodium, Platina and Veratrum album have been found more frequently indicated than the others.

This statement naturally leads to three questions: *Why* are these three remedies more frequently indicated than the others? *How* was the fact ascertained? *How* may we *know* the rank of our newer remedies, the symptoms of which have not been rated for us in our repertories?

Has a single symptom of a given remedy a higher rank in some one group of that remedy than in other groups, and if so why? In attempting to answer these questions let us take three cases as illustrations and the word *vertigo* as a symptom of all three groups. Again, turning to Bœnninghausen we find 150 remedies given under the heading "Vertigo." Of these 150 remedies 18 are in the first rank, 40 in the second and the remainder in the third and fourth ranks.

Among the 18 of the first rank we find Gelsemium, Nux vomica and Rhus toxicodendron.

From our notes we select three cases containing the symptom vertigo.

Case I.—Mrs. J. P. M., age 32; housekeeper; mother of five children; light complexion; neurotic; family history good except that her father occasionally drank to excess prior to her birth; personal history shows that she had typhoid fever at 18 with a good recovery; lacerated at birth of her first child and repaired successfully after birth of her last child. Three months prior to her coming to my office she had contracted diphtheria from one of her children. The attack was not severe and she had made, as she thught, a rapid and complete recovery. She had one symptom, viz., "Dizzy on any motion of the head." To my inquiries as to the condition of all the functions of the body she gave one answer: "Oh, I am all right except that dizziness." There being but one symptom the "totality" was easily determined. There being no doubt as to the "totality of symptoms" there should have been no difficulty in selecting the remedy for those to whom "a symptom is a symptom." Any of the remedies having that one symptom should have cured the patient. But would they? I did not think so. I wanted the cause of the vertigo in this particular case. I wanted more light. Running over in my mind the causes of vertigo, I came to the conclusion that the trouble in this case was in the muscles of the eye or in the semicircular canal, the former indirectly, the latter more directly irritating the vestibular branch of the auditory nerve. I was led to this conclusion by the fact that there had been a great deal of cellular infiltration of the neck and throat during the attack of diphtheria. (Apis had been her remedy.) To determine whether the trouble was in the eye or semi-circular canal I had her close her eyes and move her head. After moving the head with the eyes closed, she exclaimed: "Oh, I forgot to state when you asked me what made the dizziness worse or better that I never felt dizzy when in the dark." Neither was she dizzy if she had the eyes closed no matter how violently she moved her head. Continuing my test I learned that if she moved the eyes rapidly she became dizzy whether she moved the head or not. These tests showed that the vertigo was due to paresis of the recti muscles of the eye. This fact interpreted the symptoms. A remedy was needed which had an "elective affinity" for the recti muscles of the eyes, which had the power to paralyze those muscles to such an extent as to prevent focusing and thus produce vertigo. The remedy was clearly Gelsemium, and the 6th, five drops, three times daily, for two weeks, cured the patient.

Case II.—Jno. W. C., aged 36; a banker; married; dark; firm fibered; uses alcohol freely; smokes six to eight cigars daily; drinks two cups of strong coffee at morning and noon meal. This patient's symptoms were as follows: "Cutting, gripping pains in the stomach fifteen to twenty minutes after morning and noon meals; feeling as if the stomach were hugging or squeezing something hard; stomach knots up once in a while; abomen full of gas soon after breakfast, causing spasmodic, colicky pains; a good deal of nausea after every morning meal; eructation of gas which is sour, bitter, nasty; dizzy headed after breakfast, worse on stooping or moving. It was this last symptom which brought him to the office. He put it as follows: "Doctor, I'm as dizzy bending as a fool, and, for an hour or two after breakfast, I stagger like a drunken man. My stomach needs toning up." In this case as in Case I. the vertigo was caused by the indirect irritation oof the vestibular branch oof the auditory nerve, but an abused stomach instead of paralyzed muscles was the cause of the irritation. Nux vomica 12th, five drops, every three hours, was given. He omitted his coffee and alcohol and cut his cigars down to three daily. However it took the patient four months to completely recover with the above treatment.

Case III.—H. W. W., age 56; physician; married; light; loose fibered; good habits; a tubercular history on mother's side. Personal history: Made a good recovery from measles at 14 and scarlet fever at 18. At 50 had a severe attack of angino-neurotic œdema, which troubled him for two months; most severe about the left ear and the eyes. The patient was cured of his œdema by Apis 6th. Present symptoms as follows: "Ringing noise in ears, worse in left; spells of violent vertigo when rising suddenly, with a tendency to fall backwards; increasing difficulty in hearing confined to left ear." This man, an old school physician, also wanted relief from his violent vertigo. He expected to lose the hearing in his left ear. This trouble had been diagnosed Meniere's disease. By questioning I learned that some six months prior he drove five miles in a cold rain beating on his left side. I also learned that his brother, the ear specialist, had informed the patient that he had inflammation of the semi-circular canal with some effusion, and that there was no help for him. We wanted, in this case, a remedy which had an "elective affinity" for cellular and serous tissue which could produce inflammation and effusion and which was aggravated by damp weather, *i. e.,* getting wet.. Rhus toxicodendron 1,000 at first then the 30th cured the patient of his vertigo and checked the impairment in his hearing, but did not restore the hearing he had lost. From the above we obtain an answer to our questions and much light on the interpretation of symptoms. We may learn that "elective affinity" of drugs answers the first question. Gelsemium has an elective affinity for the nerve which supplies the recti muscles. It has produced paresis of that nerve.

Rhus toxicodendron has an "elective affinity"

for cellular tissue and for nerve tissue. It is also a remedy whose symptoms are aggravated by damp weather. We all know that Nux vomica has an especial affinity for the tissues of the alimentary canal and especially for those conditions which are caused or aggravated by alcohol and coffee. Let us go one step further and state that we *ascertained* that the three remedies above cited had an "elective affinity" for the tissues mentioned *by the study of their provings and comparing their symptoms with the symptoms presented by those tissues when diseased.* To put it in other words, the characteristic symptoms of the remedies correspond to the pathognomonic symptoms of the disease they cure.

*Verification of symptoms* is the second means of ascertaining the rank of a remedy or symptom. The earlier homœopathists took much more pains than we o to report and record their cases. From these two sources our authorities obtained their knowledge of the rank of our different remedies. We may do the same.

*Individualism* is another process by which we may ascertain the rank of a remedy and alseo the fact that a symptom may have different ranks in different groups of the same remedy.

The merest tyro in Homœopathy knows that there are different types of patients, *e. g.*, the Calcarea carbonica type, the Sulphur type, the Pulsatilla type. Any close observer who has practiced five years knows that we also have type when viewed from the standpoint of the diagnostician. The experienced surgeon knows that certain patients are much more prone to suppurate than others. The experienced internal medicist knows that certain typhoid patients must be guarded against hæmorrhage, while others have a marked tendency to delirium.

*Modalities* when scientifically studied will help answer all the questions. Patients whose symptoms are aggravated by hot or cold, wet or dry climate, by certain foods or drinks, by employments, etc., give us a clue for the interpretation of symptoms and the estimation of their rank.

*Summary.*—To scientifically and profitably interpret a symptom one must have a clear conception not only of its essentials, location, sensation and modalities, but he must study the symptoms in their relation to physiology, climatology, diagnosis, etc., and the last, though by no means least requirement, is the unification of the symptom in all its relation. I wish we could have a modern materia medica pura containing no symptoms except verified symptoms. Each symptom having been verified by at least five thoroughly competent prescribers. Such a materia medica would be a God-send to physicians in the interpretation of symptoms and to his patients in preventing suffering and death. The first step towards preparing such a materia medica is for the Homœopathists of to-day to follow the example of their father and report their cases in our society meetings and in our journals.

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## TOPICAL APPLICATIONS AS ADJUVANTS IN HOMŒOPATHIC DERMATOLOGIC PRACTICE—ADVANCING ARGUMENTS TO PROVE THAT LOCAL TREATMENT IN SKIN DISEASES DOES NOT INTERFERE WITH THE ACTION OF POTENTIZED REMEDIES.*

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IN attempting to prove this subject for discussion I shall base my statements purely upon scientific deductions. I shall not deal with hypotheses, or conjectures, or presumptions of the past, but will merely try to picture and demonstrate those essentials which this modern age of ours has made possible.

Naturally the question as to whether the topical application of drugs interferes with the action of potentized remedies divides itself into two propositions, the first one of which refers to the absorptibility of the skin as to various substances applied upon it; and, secondly, as to whether it is possible to drive an eruption in by the application of drugs upon the skin.

Now, then, does this second proposition actually enter into the discussion? Yes, it does, because if the topical application of drugs in diseased skin conditions really does drive in the eruption, then surely it must interfere with the action of the selected remedy because it must certainly change or alter the entire systemic condition for which the indicated potentized remedy was administered.

Let us proceed then to a discussion of this all important question, and let us decide as to whether the topical application of drugs really does or does not interfere with the action of the potentized remedies; and having thus decided, let us hold our peace forever.

Now let us first consider—does the application of local drugs drive the eruption in, and thus interfere with the action of the potentized remedy? No lesser authority than the great savant of one hundred years ago, our own Samuel Hahnemann, speaks time and time again, when referring to topical applications, of "driving the eruption away"—neer in. Nnna agrees with him, and so does Duhring, and so does Hebra and Croker, as well, and a great host of others. Surely they ought to know.

Nor is it possible to drive an eruption in by too quickly healing it by the topical application of drugs. Yet there are authorities who con-

*Read at the Annual Meeting of the American Institute of Homœopathy, at Denver, Colorado, June, 1913.

tend that such is a possibility; for instance, Feer, in the Correspondzblatt fur Schweitzer Aertze, reports eight cases in which children died after the apparent cure of eczema. Butte, in the Ann. de Ther. Derm. et Syph., reports two fatal cases of death following eczema. D. Amato, in the Mon. f. prakt. Derm., agrees with the two foregoing authorities, contending that there is a reciprocal relation between the toxic elimination through the skin and the internal organs.

This, however, has nothing whatsoever to do with the fact of the eruption being driven in, because Nature itself has seen fit to absorb its own toxic products which it had in vain tried to get rid of through the skin. It is worthy of note that among the cases reported the cause of death was pleurisy, bronchial pneumonia, asthma, gout, rheumatism, etc., and in several cases reported no demonstrable cause of death could be given.

Now, again, these opinions are not based on scientific data. They are merely presumptions. Feer, in the cases which he reports of death following eczema, presumes that these children died after the cure of eczema. It is perfectly plausible for them to die after the cure of eczema. That does not say they would have died while they had their eczema or previous to their having it. No deduction as to the exact cause of death is given.

Now there is no doubt but what it is perfectly safe to presume that these authorities may possibly have been mistaken in the conclusions which they have drawn, nor is it not possible that eczema may have been coincident in these cases? And because they were cured with topical applications, should said applications be blamed for driving the eruptions in and thereby causing death when other causal evidences of death were present? And then, again, are not people dying every day in whom frequently no demonstrable cause of death can be found?

Now how can the diseased conditions be driven in because of the statement which I have previously made, and that is that the diseased condition itself being in an abnormal state does not reverse itself, disappearing in an apparent cure, and then attack some internal organ, except, of course, in cases of malignant disease? (These are facts, not fancies; these are certainties, not presumptions.)

There are all sorts of cases reported attempting to show a relationship between suppressed skin diseases and internal disorders. For instance, Burnett presumes that a patient who was supposed to have had angina pectoris following the cure of a mild attack of eczema appearing in the flexure of one elbow, that this skin condition had never been really cured,—only driven in by the famous Erasmus Wilson,—and that her angina was in reality the expression of her external condition. To quote from Burnett, he further states that he began to treat the angina, which he contends she neer had, when, lo! and behold, the old cracks appeared in the bends of the elbows, and from that time on she had no further attacks of angina.

Case No. 2. Eczema capitis suppressed. Fatal issue. About nine years ago the wife of a staff officer brought her bonny little boy to me, Dr. Burnett said. "He had the milk crust scalp; in fact, he had crusta lactea, the scalp appearing one solid crust of scabs; but the child seemed perfectly well and joyful."

I prescribed for the child, constitutionally, and forbade all local treatment. The lady's father, however, who was a retired physician of repute, and who was staying with her, seeing the child's eczema, told the mother to use an ointment for the scalp. She told her father my warning not to put anything on the bad head, but the old gentleman over-ruled and prescribed ungt. zinci, which soon healed the eczema. A fortnight later I was suddenly called by telegram to come at once, as the child had been seized with convulsions. The local doctors were all non-plussed. I did my best to get the eczema back on the surface of the scalp, but totally failed. The child died, and the grandfather, sobbingly, said: "Oh! you zinc ointment."

If the frenzied grandfather was still alive, I should think, in this scientific age of ours, we could quickly calm and soothe his sobbing breast, and say to him: Have no fear, because it was not the cause of your grandchild's death. And, surely, how could it have been?

Here again is proof positive of the fact that the zinc ointment applied, purely an inert substance, had no influence upon driving the eczema in or upon the child's death, and will bear out the statements to follow: the baby's death from convulisons having, no doubt, been due to some other condition.

I cannot possibly see how an eruption could be driven in by a topical application or in any other way. I shall later on demonstrate conclusively that a mild and soothing topical application, time and time again, assists the action of the indicated remedy and acts as an admirable adjuvant.

We do occasionally hear a frantic mother appealing to the nurse or physician to bring out the eruption because it has disappeared, and the mother frantically cries: "The eruption has been driven in," and is looking for a terrible end for the patient.

If we stop to think but a moment that perhaps it was the room which had become suddenly cooled, or the patient had carelessly thrown off the covers in delirium or restlessness, one can readily realize that then it must have been the cutaneous circulation which has been decreased because of the sudden cooling of the patient, which has caused the apparent disappearance of the rash. Just as quickly as the room is again warm, and the patient is brought

back to normal condition, just as quickly then does the rash reappear; showing it to be an absolute fallacy to think for a moment that the disease or rash could possibly be driven inward, because we must thoroughly realize from scientific facts and observations that the vasomotor system controls dilation and contraction by the presence of circulating for the manifestations of cutaneous disease.

Therefore, does the topical application of drugs interfere with the action of potentized remedies? Let us not stop to consider the answer now; but let us go on to a consideration of the question of the absorptibility of the skin, because a consideration of this part of our proposition bears more than an important relationship to the answer of the question as propounded by our worthy chairman.

Then to begin: "The epidermis forms practically an impermeable barrier to the absorption of liquids and solid substances."—Stelwagon. "Its absorptive qualities are negative."—Pusey. "The absorptive power is generally slight, more so than is even supposed."—Kaposi. "The corneus layers of the epidermis are almost impervious to liquids and finely divided solid substances."—Fleischer. "That naturally lubricated, firm, horny layers of the epidermis offer the chief obstruction to absorption by the skin."—Dearborn.

Therefore, we can reasonably and safely say that the skin is practically non-absorptive, except to certain substances and under certain conditions. Mercury, arsenic, iodine, tar and sulphur are, however, more or less absorbable by the skin, especially under certain conditions; mercury, perhaps, being the most absorbable of all, it being contended that the mercurials undergo vaporization, it being a well-known fact that gases or vapors are more readily absorbed than other substances.

Now when we use mercury in the treatment of syphilitic affections surely we direct the patient to rub it in good and hard until it entirely disappears. With the infant with the sensitive and tender skin we apply it upon a binder, and thus by friction of the substances is more readily absorbed.

Would the application of mercury locally, in the treatment of syphilis, interfere with the action of the potentized mercury internally administered? Hahnemann, in the "Organon," states: The remedy used externally must also be the only one that is useful when administered internally." Therefore, does the local application of mercury in this condition interfere with the action of potentized mercury internally? The answer is obvious, and I need not longer linger, so let us proceed.

Now, then, with reference to arsenic, sulphur, iodine and tar; surely if these remedies should happen to be indicated in their potentized form, why then should they not be used locally for the same reason that mercury can as well be used locally and internally according to the doctrines of Hahnemann?

So far I have referred entirely to the non-absorptibility of the unbroken skin; in other words, where there is a lack of solution of continuity. However, when this once takes place, where we have perhaps a small or large area of intensely inflamed exuding areas of epidermis, who would think for a moment of rubbing in unguentous substances upon such a diseased surface? Surely, in the first place, the patient would not permit it because of the intolerable pain it would produce. Surely able physicians never advise their patients to rub in any ointment or lotion upon such an inflamed surface, nor do they advise any such proceedure upon any acutely inflamed area such as erythemas, etc., even without a lack of solution of continuity.

Again, the diseased state or condition of the skin makes it such that its normal functions are nil or at a standstill, and instead of a tendency to want to absorb, they are excreting, pouring out volumes of serum and what not from their diseased glandular orifices. Therefore, there is no absorption because, as has been previously stated, absorption only takes places with certain substances under thorough friction (referring to mercury); and surely the substances already elucidated, mark you, are never, never used in acutely inflamed areas with either broken or unbroken skin.

Now, then, such substances as boric acid, calamine, zinc oxide, glycerine, lime water, petroleum, lanoline, olive oil, goose grease, etc., are applied. Mark you, they are not absorbable without friction. They merely act as a protecting covering to the skin; in other words, they protect it from the atmosphere; they soothe and calm the exposed sensitive nerve fibrils, and in that way subdue irritated, highly inflamed epidermis, causing the internal potentized remedies to have all the more of an opportunity to assist in their errands for amelioration and mercy. Now, then, so far; does the topical application of drugs interfere with the action of potentized remedies? Well, let us go on.

Now it has been demonstrated scientifically and beyond the shadow of a doubt by the clinician of Vienna, and verified by my own experiments as well, that pigments incorporated in certain oils and ointment bases, and thoroughly rubbed into the skins of cats, rabbits and dogs for a certain definite period of time, section of skin then made and studied beneath the microscope, it was found that lanoline, always having enjoyed the reputation of being the most absorbable of all ointment bases, together with petroleum, hardy penetrated deeper than the narrow constricted necks of the skin follicles, while goose grease, olive oil and almond oil in their order were found to have penetrated beneath the necks of the follicles; the goose grease being the most penetrating of all, going far down

into the very bulbs of the follicles, and, mark you, all of these under persistent rubbing.

Then, again, these very substances incorporated with pigments and applied to the skin without friction for definite periods of time were found to have been absolutely non-absorbable at all. These are scientific facts not based on hypotheses, not based on deductions, not based on presumption; but clean, clearcut facts to which there is no argument.

Again, it is presumed that if substances are to be absorbed by the skin they must be finely divided, minute particles, and surely the way the majority of ointments are prepared and put upon the market they are far from being in any such admirable state of perfection as just mentioned.

Now, then, with reference to the more chronic dermatoses such as hard, indurated types of eczema, for instance, lichen, psoriasis, etc., where the physician is wont to direct his patient to rub the ointment in long and well because he wants its stimulative effect upon the skin, surely he usually uses lanoline or petroleum as his ointment base. As aforesaid, I have demonstrated that these two ointment bases of all ointment bases are not absorbable. So, therefore, again, does the topical application of drugs in these or any other type of dermatose interfere with the action of potentized remedies?

Once more, we have seen by clinical observation in several series of cases treated in the various dispensaries and hospitals with which I am connected that side by side those dermatoses which were assisted by the topical application of mild, unirritating substances, co-associated with the administration of the indicated remedy, made much more rapid progress, gave quicker amelioration, exerted a much more rapid soothing and calming effect than those series of cases treated on the indicated remedy alone.

No. 37 South 19th Street.

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**Argentum nitricum.**

This is a truly wonderful remedy in gastric disorders, but frequently it will not accomplish what is desired if the drug be given in the form and usual dosage in which it is prepared by homœopathic pharmacists. I have seen several cases presenting symptoms for Argentum nitricum relieved in the least by prescribing the 3x tablet triturates of this remedy. No better success was obtained by using higher dilutions or triturations. To obtain the rapid and full effect of the drug, have prepared a one per cent. aqueous solution and give from three to five drops of this in a little water every two or three hours. When properly indicated, the pleasant results which will follow such dosage are gratifying to both patient and physician. Relief will follow within a few hours, and with proper diet, many patients may be cured of their indigestion within a short time.

## RECENT REVELATIONS OF SCIENCE AND THEIR RELATION TO APPLIED HOMŒOPATHY.*

BY FRANK F. CASSEDAY, PH. B., M. D., PORTLAND, OREGON, U. S. A.

THE microscope, when it revealed particles as small as one-hundred thousandth of an inch was hailed as an instrument of marvellous value. It was and is a marvellous instrument, but as compared with the remarkable revelations of the ultra-microscope, the spectroscope, the photographic plate, the bolometer, as invented by the late Prof. Langley, of the Smithsonian Institution, and perfected by Prof. C. G. Abbott; the radiometer, the electroscope, as used by Prof. Rutherford, and the experiments leading to our knowledge of the electric corpuscle or electron for which we are chiefly indebted to Sir Joseph Thompson, the work of the microscope is coarse. The results of the microscope, as compared with the latest instruments of investigation, are as boulders to the most impalpable powder.

Without describing these various instruments, as their form and method of operation is accessible to all of you in the various scientific journals, books and reports of institutions, let us briefly note some of the results secured by their use by which the sum of knowledge has been increased, and the activity of matter has been demonstrated far beyond the ken of the microscope.

With the best modern microscope the smallest particle which it is possible to see is about one seven-thousandth of a millimeter in diameter, or the equivalent of the length of half a wave of visible light.

The ultra-microscope, which consists of a minute but powerful beam of light from an arc lamp thrown by means of a condenser through a small window upon the object—and viewed from above by an ordinary microscope, detects and enables the observer to count the smallest particles of golden ruby glass. Such a count shows that the particles of gold in ruby glass average six-millionths of a millimeter in diameter.

The best modern spectroscope detects one-half of one-millionth of a cubic centimeter, so the ultra-microscope in its capacity for determining minute quantities of matter is thirty-seven trillion, thirty-one billion times as powerful as the best spectroscope. The mind cannot grasp the meaning of these figures, but they afford a comparison, so that we can grasp the capacity of this marvellous instrument to measure the littleness of things, and the almost infinite divisibility of matter, as well as the power and activity of these little particles. In order to grasp the meaning of the size of these particles of gold the card

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*Read before the Oregon State Homœopathic Medical Society, Oct. 23, 1913.

which I hand you will help to show it graphically. The little dots, a, b, c, represent visible particles of colloidal gold from six to fifteen millionths of a millimeter in diameter and magnified ten thousand times to render them representable; the circle D represents a human blood corpuscle, a very minute object, magnified in the same degree. (From Duncan's Work.)

Little dots, a, b, c, represent visible particles of colloidal gold six to fifteen millionths of a millimeter in diameter and magnified ten thousand times to make representable. Circle D represents a human blood corpuscle, a very minute object, magnified in the same degree.

Zsigmondy, the original discoverer of the ultra-microscope speaks of the properties of these particles as follows:—"A swarm of dancing gnats in a sunbeam will give one an idea of the gold particles in the Hydrosol of gold. They hop, dance, jump, dash together, and fly away from one another so that it is difficult to get one's bearings. This motion gives an indication of the mixing of the fluid, and it lasts hours, weeks, months, and if the fluid is stable, even years. The smallest particle which can be seen in the hydrosol of gold show a combined motion consisting of a motion of translation by which the particle travels from one hundred to one thousand times its own diameter in one-sixth to one-eighth of a second."

Still the ultra-microscope did not grasp the atom, but it remained for Rutherford with his electroscope or electrometer in his research work with radium corroborated by Dewar, Geiger and others to identify and count individual atoms.

Then came Prof. Zeeman, of Amsterdam, with the discovery of the Zeeman effect in studying light through the spectroscope. Briefly this is demonstrated while examining, say, a sodium flame through the spectroscope by holding the flame between the poles of a powerful electromagnet when we observe the sodium which first appeared as one line are now split in two and separated. This splitting up of spectral lines has been observed by Prof. George E. Hale, Director of the Mount Wilson Observatory, in connection with light emanating from the spots on the surface of the sun. Prof. Hale's observation also explains the relation between outbursts of sunspots, in reality gigantic volumes of gaseous matter, and terrestrial magnetism. Further, in Professor Zeeman's words, it shows that light is an electrical phenomenon. Finally the experiment with the sodium demonstrated a close relation between the activities of molecules or atoms of matter and the origin of light itself.

This led to the bolometer invented by the late Prof. Langley, of the Smithsonia Institution. The bolometer measures variations in temperature so slight as to be seemingly impossible. The dark lines in the spectrum are relatively cooler, and by this bolometer the whole spectrum can be measured as to its temperature. The perfected Langley bolometer measures a temperature of one-hundred millionth of a degree. This instrument is being perfected and used in studying sunlight by Prof. Abbott, on Mount Wilson, and may some day enable the Weather Bureau to foretell weather some time in advance with great accuracy.

Finally many investigators have discovered that light, as it travels through the ether and being transformed maybe into heat, light, or electro-magnetism, as it moves at the tremendous rate of 186,000 miles per second, has a distinct push with real pressure, so radiation, the universe power, more or less opposed to gravitation, is a force to be reckoned with in the movements of matter in minute state of subdivision. The delicate instrument which measures this radiation or pressure force of marvellously minute particles is called a radiometer and is the invention of two American physicists, Profs. E. F. Nichols and G. F. Hull.

The radiometer has been used in connection with the measurement of the rays from radioactive substances, and in connection with the bolometer, which is being used in the U. S. Astrophysical Observatory by Director C. G. Abbott in solving the problems of heat and light of the sun. All life, all being, and everything vital to humanity depends on heat and light of the sun. The bolometer is operated on the principle that a wire will carry less electricity when warm than when cold. The effort is to concentrate the heat or light waves on the wire and register the change of amount of electricity passing through it. Heat and light from sun is received first by a plain mirror, which in turn throws the light into another concave mirror. The concave mirror concentrates the beam, which has meanwhile passed through a great prism of rock salt, perfectly transparent, on to a platinum wire smaller than a spider's filament, through which (the platinum wire) a current of electricity is passing. The prism analyzes the beam. The beam then placed successively in the different spectral lines registers and measures the temperature of each color. The current is measured by a little galvanometer made of a thread of spun glass, five inches long, as fine as a human hair. This is fastened to a support by suspending it on a thread of spun quartz two feet long and five-thousandth of an inch in diameter. In the middle of the spun glass beam is fastened a mirror as small as a pinhead, made so accurate that every point of the mirror's sides will touch when placed on a six foot globe. With this instrument a change in temperature equal to that given off by a candle five miles away is easily recognized and registered.

With the spectroscope and the bolometer Director Abbott is able to study the heat of the invisible rays of light known as the infra-red and ultra-violet.

I notice to-day, in a scientific paper (October 7th, 1913), Prof. A. H. Pfund, of Johns Hopkins University, has perfected an instrument for registering temperature. Pfund claims this is still more sensitive than the Nichols' radiometer and the improved bolometer. The Pfund instrument is a thermal couple combined with a concave mirror and reflector.

The reflector (which is to be 101 inches in diameter) is now being constructed for use at the United States Observatory, on Mount Wilson, California. The new thermal couple with the reflector will be able to measure heat equivalent to that of a candle sixty miles away.

The revelations of the radiometer, spectroscope and bolometer mean that this pressure force of light and heat known by the term radiation is given off by every body, every particle in the universe, according to its heat, light, and pressure power. It means further that this force, radiation, coexistent with and exercised by matter or particles, in extremely divided state, is pushing these minutely divided particles away from the radiant bodies in all parts of the universe, and in every form of matter, be it solid, semi-solid, gaseous, fluid, or ethereal. It means further that this force radiation is the opposing force to gravitation, and keeps the cycle of the universe in eternal motion according to God's laws, and will so continue until the Supreme Being orders otherwise. Gravitation acts on matter in mass, radiation acts on matter in a finely divided state.

In my paper on "Radiation the Force Which Maintains Life and Cures Disease" I have made a generalization of this action of radiation as applied to the maintainence of life and the cure of disease. You will find reprints of this paper on the chairs. This new theory of drug action fits in with recent scientific discoveries, and is supplementary to the law of similars.

The smallest thing in the world, the electric corpuscles or electron, so far as present day science knows, is the last term in the series of little things. For our knowledge of the electron we are chiefly indebted to Sir Joseph Thompson. As regards bulk the French physicist, Jean Becquerel says the electron is billions of billions times smaller than the atom. He says further, as a comparison, that the electrons in an atom are like gnats flying about in the dome of a cathedral. The ether, that unknown yet marvellous space filling entity, which pervades everywhere between the particles of matter and serves as a medium through which energy, in the form of light, heat, electricity, magnetism, is transmitted. This ether is all pervading, yet it has neither weight nor discrete substance. It is neither energy nor matter, but for its existence neither heat nor light could come to us from the sun. So far as the physicist knows material substances go through this ether without being obstructed by it in the slightest degree. The electron is the connecting link between the ether and matter. This minute particle grips the ether like the airship grips the air above the earth, and its activities set up waves in the ether like a pebble in a pond. The activities of the electron produce the manifestations of energy which we interpret as light, radiant heat, and electricity. All chemical action is also held to be due to the activity of the electron. *The relation of these scientific revelations to applied Homœopathy.*

Applied Homœopathy is the selection of the indicated remedy for disease conditions according to the Law of Similars.

These revelations of science prove beyond cavil or dispute the activity, power, energy, and pressure force of matter in a most minute state of division.

These revelations prove that matter is still active and has tremendous force and power in a state of subdivision so minute as to be beyond recognition by the best microscope.

These revelations prove that the chemical action or reaction of matter recognizable by the unaided eye is one of the earlier manifestations in the process of degradation or division of matter, and that later manifestations of energy are the production of physical and radiant forces, if we may use the terms, rather than chemical.

When food or medicine is introduced into the human body the material which is retained and used for purposes of sustenance and relief goes through a process of elaboration, division, selection and adaptation to certain ends far beyond our ability to recognize in detail. We know this is a fact from observation and experience. The food or medicine which the body cannot, or will not, use, is rejected in various ways and in variously modified forms. The obvious conclusion to be drawn from the premises is that the most vital, definite, and comprehensive actions and reactions within the human body are those with matter in a very minute state of subdivision.

By analogy the final conclusion is that matter in a fine state of subdivison is best adapted for the various needs of the human body, therefore the remedy selected according to the law of similars and in a state of fine division is the rational and scientific method of imitating and supplementing nature's own method.

The constant efficient work of the human body processes to correct conditions which may be grouped under the term of functional or organic diseases is supplemented most effectually where the use of remedies are indicated by imitating the body processes so far as possible, for the patent reason that the body after all is the agency which must accept and elaborate or reject the material supplied in the way of food and drugs.

It has always appeared to me that the Law of Similars is primarily the indicated method of selecting the remedy. The body is crying aloud for certain material urgently needed in the hu-

man laboratory, and the correct interpretation of that cry and demand means the administration of the material which the body needs. That material or remedy supplies the missing entity for the human laboratory and result is a return to the normal activity of that individual body. The Law of Similars gives us no clue to the how of the process.

This, in my opinion, is the point where radiation fits into the system of healing, and is the real method which the body employs in maintaining life, elaborating food, and curing disease.

I have indicated to you by the developments and revelations of modern science the tremendous activity of matter in an extreme state of division. Radiation increases its activity and push in proportion as matter is more finely divided. Gravitation increases its pull as mass increases. The individual human body is a living dynamo of radiant energy. The continuity of this living dynamo under the most favorable conditions of health depends upon life, and mind and consciousness, and radiation. This, briefly, is my theory of radiation, which I submit for your consideration.

Sir Oliver Lodge's Presidential Address before the recent meeting at Birmingham before the British Association for the Advancement of Science was remarkable in many ways. Sir Oliver protested against vagueness as an idol to be worshipped, decryed the principal of relativity, and proclaimed himself an ardent believer in ultimate continuity and the ether of space.

Sir Oliver protests against the present denial of the existence of anything which makes no shipped, decried the principle of relativity, and to laboratory experiments. He says: "To doubt everything or to believe everything are two equally convenient solutions; both dispense with necessity of reflection."

In speaking of the extreme school of biologists, he says: "Chemistry and Physics account for things up to a point; they account, in part, for the color of a sunset, for the majesty of a mountain peak, for the glory of animate existence. But do they account for everything completely? Do they account for our own feeling of joy and exaltation, for our sense of beauty, for the manifest beauty existing throughout nature? Do not these things mean something higher, nobler, and more joyous, something for the sake of which all the struggle for existence goes on? Flowers attract insects for fertilization, and fruit tempts animals to eat it in order to carry seeds. But this is not final. We have still to explain the insects. Why do things struggle to exist? Surely the effort has some significance, the development some aim. Existence is like the output from a loom. The pattern, the design or weaving is in some sort there already; but whereas our looms are mere machines, once the guiding cards are fed into them, the Loom of Time is complicated by a multitude of free agents who can modify the web, making the product more beautiful or more ugly, according as they are in harmony or disharmony with the general scheme. I venture to maintain that manifest imperfections are thus accounted for, and that *freedom* could be given on no other terms, nor at any less cost. The universe is a larger thing than we have any conception of, and no one method can exhaust its treasures."

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## FROM A PESSIMIST'S VIEW-POINT.

BY S. R. STONE, M. D., ATLANTA, GA.

MANY people have an idea a physician becomes well-to-do quickly and easily, consequently his bills deserve little, if any, attention. For the benefit of those so deluded, let us look back of the scenes.

A young man spends from $2,000.00 to $3,000.00 and four years' time in preparation for the practice of his profession. He finds his finances depleted at this stage of the drama, yet instruments and office equipment must be had; these he acquires, to the best of his ability, and the waiting game begins.

Having no conveyance, he decides walking will be beneficial to his health. Every time it rains he has a call to one of the far corners of the town. He is surprised to learn how much more sickness there is at night than during the day. A few unexpectedly pay him cash, but time proves it was only bait to establish credit; credit is what they want, that they may spend their money for booze, porterhouse and circus tickets.

Country visits are made with a horse and buggy from the livery, for which he pays cash, but the farmer states he will pay when he sells his potatoes or hogs, which are yet small. Most of the beginner's patrons are people of whom cash is demanded by the doctors who know them.

The wife of the man who is really "good" pays their bill, but before she leaves the office asks for a subscription to the library or guild, assuming that the payment of a $3.00 account should certainly be good for a $5.00 or $10.00 subscription. Refusal on the part of the M. D. is out of the question even though he does not know how he is going to pay his next month's rent.

Our friend gets to the point where he is kept zig-zagging across the street to avoid meeting his creditors. He stops eating at the hotel or restaurant and takes his meals in his room, where bread, milk and bologna form the principal diet, with samples of infant food interspersed for variety. Proprietors of infant and invalid foods have no idea how many lives their samples save.

As practice increases there is no time left for sleep if all visits are made on foot, so a bicycle

is brought into use; it not only enables the doctor to travel faster, but the pumping up of leaky and punctured tires develops the muscles of the arms and thorax wonderfully. The constant skidding in sand, slush and snow makes him an expert in taking flying leaps; all this tends to increase his vocabulary perceptibility, but the English language is inadequate to many of the occasions concomitant with the use of a bicycle; French should be studied.

Finally, realizing the necessity of a horse and being apprehensive of spavins, splints, curbs, ring-bones and heaves, he secures an animal free from these blemishes and infirmities, but in a few months it shows symptoms of moon-blindness, so must be replaced by another which gets heavy the second winter on dusty hay, fed at the boarding stable at $20.00 per month.

The inside of some of the best homes is occasionally seen in a professional relation; though it is for some slight ailment, false hopes are raised, for he soon hears that a member of one of these families has a protracted illness, but another doctor is in attendance. He knows he is considered young and inexperienced. He is told he should marry; no physician should be a bachelor.

He finally loses a case and it causes more unfavorable comment than any death in that town for years. He loses no more for many a moon because when his patients become critically ill another doctor is sent for who soon signs the death certificate to the perfect satisfaction of the relative and neighbors.

After struggling along for years he has some staunch friends and patrons, and by working day and night, holidays and Sundays, accumulates a respectable bank account. His mail is now filled with propositions of the Julian Hawthorne style; he is inoculated with the get-rich-quick bacilli, bites and receives some beautiful stock certificates, at the same time losing faith in humanity.

The doctor takes a chance on a wife (some draw them with money, the type we are considering does not), he has been told two can live on what he is spending, but he soon learns he was misinformed.

In hopes of bettering his condition, he changes locations, and much of his accumulation is dissipated before he is established in the new place. The usual number of dead-beats have taken of his time and energy as well as having caused him to burn up gasoline, wear out tires and smash lamps. Hard luck seems to follow him. Though he keeps abreast of the advancement in medicine and surgery and is usually successful with his patients, he just fails to inspire sufficient confidence to give him the large and valuable practice few attain. He soon finds himself physically unable to do the amount of work formerly done; a little later he realizes he is considered old and a back number, and impatiently waits for the final curtain.

## BOOK REVIEWS.

A Practical Treatise on Medical Diagnosis. For students and Physicians. By John H. Musser, M. D., LL. D., late Professor of Clinical Medicine in the University of Pennsylvania; formerly President of the American Medical Association, etc. New (sixth) edition, revised by John H. Musser, Jr., B. S., M. D., Instructor in Medicine in the University of Pennsylvania; Assistant Physician to the Philadelphia Hospital; Physician to the Medical Dispensary of the Presbyterian Hospital; Physician to the Medical Dispensary of the Hospital of the University of Pennsylvania. Octavo, 793 pages, with 196 engravings and 27 colored plates. Cloth, $5.00, net. Lea & Febiger, Publishers, Philadelphia and New York. 1913.

The problem of diagnosis is the first one which confronts the physician every time he sees a patient, and upon it must depend the entire management and treatment of the case. For this reason the skilled diagnostician has a tremendous advantage over those who are less qualified, and his results are proportionately more successful. Every doctor, therefore, owes it to his patients, and more especially to himself, to establish in each case an unerring diagnosis. In no branch of medical science have the recent advances been more helpful: and in no other have they given us more exact methods. The appearance of a new edition of *Musser's Medical Diagnosis*, setting forth the entire subject in its latest development, is therefore timely. The splendid store of clinical material in the book has been carefully preserved and brought abreast of our knowledge of to-day. The enormous advances since the appearance of the previous edition have resulted virtually in the rewriting of the entire volume, and this has made it possible by judicious condensation to reduce the book to about 800 pages without sacrificing any of those features which contributed to the great popularity of the earlier editions. In these sections on the infectious diseases, the diseases of the cardio-vascular system, the metabolic diseases of the gastro-intestinal and the urinary systems, much new material has been incorporated. The chapter on the infectious diseases has been divided into two parts, the first containing those diseases due to vegetable organisms, the second those due to animal parasites. New sections have been added to the discussion of the disturbances of the internal secretions. A new chapter has been added dealing with the various functional tests of organic efficiency that have proved of such value in diagnosis and prognosis. The sections on laboratory diagnosis have been extensively revised. In the

section on physical diagnosis many changes have been made, particularly in the division dealing with cardiac disorders, and new illustrations have been added representing the various types of arrhythmia. In its new issue *Musser's Medical Diagnosis* stands unrivaled. Its high authority is evident on every page, and it presents the most modern thought and methods throughout.

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An Atlas of the Differential Diagnosis of the Diseases of the Nervous System. Analytical and Semeiological Neurological Charts. By Henry Hun, M. D., Professor of the Diseases of the Nervous System in the Albany Medical College. Troy, N. Y. The Southworth Co. 1913.

This work on nervous diseases differs from all other books on the subject in its originality, its excellence, and the amount of time spent in its preparation. It is certainly a very valuable work on the subject and one that will greatly aid, not only the teacher in presenting mental and nervous diseases to his class, but the student in learning the same. The details of the work are painstakingly accurate and by it symptoms may be traced out to their original source. We shall take pleasure in recommending the work not only to our classes, but the profession at large.

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Diet Lists of the Presbyterian Hospital, New York City, compiled by Herbert S. Carter, A. M., M. D., Consulting Physician to the Lincoln Hospital; Associate in Medicine at Columbia University, and Assistant Visiting Physician to the Presbyterian Hospital, New York City. Philadelphia and London. W. B. Saunders Co. 1913.

This little work is composed of the diet list used in the Presbyterian Hospital of New York City. It gives the regular house diet and diets in various affections in a concise and scientific manner. Several tables of great value are found in the work relating to the chemical composition of American foods. It is a very handy volume and we must thank the publishers for presenting this to us.

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A Clinical Manual of Mental Diseases. By Francis X. Dercum, M. D., Ph. D., Professor of Nervous and Mental Diseases, Jefferson Medical College, Philadelphia. Octavo of 425 pages. Philadelphia and London. W. B. Saunders Company. 1913. Cloth, $3.00, net.

This is a work on mental affections written especially for the student covering the ground in a simple and thorough manner. The classification is the author's own and differs somewhat from the one that is used largely in the United States, namely, Kraepelin's, the author dividing mental affections into five groups which is practically enough for the needs of the ordinary student in his medical course. The book will serve as an aid in the study of mental diseases, especially to those who do not care to go into the subject deep enough to become expert alienists. While in our own school we have an ideal work in mental diseases, namely, Butler, this work can be recommended as a reference.

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Diagnosis of the Malignant Tumors of the Abdominal Viscera. By Professor Rudolph Schmidt, Professor of Medicine in the University of Innsbruck, translated by Joseph Burge, Sc. D., M. D., Attending Surgeon, Buffalo Hospital of the Sisters of Charity; Consulting Surgeon, Emergency Hospital, Buffalo, N. Y. 301 pages. New York. Rebman Co. Cloth, $4.00.

Rebman & Co. have been giving us some valuable books by German authors and none is more valuable than the present volume on malignant growths, by Dr. Schmidt. Especially is this book useful as giving differential diagnosis of the various growths. A large number of cases are reported, which give the processes used in determining the diagnosis. It is an important work for the library of the surgeon and the medical man as well. We take pleasure in recommending it.

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Syphilis in the Male and Female. By Max Huhner, M. D., Chief Genito-Urinary Department, Harlem Hospital Dispensary, New York City. 245 pages. New York. Rebman Company. Cloth, $2.00, net.

This book contains the practical conclusions on the result of many years of research and experimentation by the author. It goes into the subject thoroughly and completely and should be a valuable book for those interested in the subject, more especially as it is a result of actual experimentation. The writer has had extensive material and has made a systematic review of the subject and it stands probably as one of the most complete works that has been published recently.

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Elementary Dermatology, an Epitome of the More Common Skin Diseases for Students and Practitioners. By Ralph Bernstein, M. D., Clinical Professor of Dermatology, Hahnemann Medical College, Philadelphia, etc. Boericke & Runyon, New York and Philadelphia. 1913.

This new work of Dr. Bernstein is one that will appeal to our students in homeopathic colleges for several reasons. First, it is concise, not verbose, finely arranged and gives just enough for the student's purposes during a college course. Second, the book is especially useful inasmuch as some 125 pages out of 400 comprising the book is devoted to homeopathic [illegible]

[illegible] which are presented in an excellent manner. Another reason why the book should appeal to the student is that it is inexpensive, although well printed, finely illustrated and a credit to the publishers. We are glad to recommend Dr. Bernstein's book.

[illegible] is well known to our readers, having contributed many articles in the MEDICAL CENTURY, and his loyal adherence to homœopathic therapy and adherence that has been born of extensive experience, is a commendable feature in all his writings.

THE WHITE LINEN NURSE. By Eleanor Hallowell Abbott. The Century Co. New York.

This is a novel with an unusual setting for a background and the subject has much originality and a keen psychology. It is a delightful [illegible]

[illegible] Manual for Students and Practitioners. By W. P. Manton, M. D., Professor of Obstetrics and Clinical Gynecology, Detroit College of Medicine, Detroit, Mich. Second edition, revised and enlarged; including selected list of State Board Examination Questions. 12mo., 292 pages, with 97 engravings. Cloth, $1.00, net. Lea & Febiger, Publishers, Philadelphia and New York. 1913.

This little volume fills admirably the twofold purpose for which it was created, namely, a convenient manual by which the physician can quickly refresh his memory, and an excellent means by which the student can review his course on obstetrics in preparing for examination. The questions appended to each chapter will be found a strong mental stimulus. The revision for this new edition has been so thorough that it has amounted virtually to a rewriting, so that the book is really a new one. It is exceptionally well illustrated, and is typographically all that could be desired. Its large circulation is apparent in the unusual value which the purchaser receives.

**Uranium nitrate.**

In the diagnosis of this disease, Dr. Herschell suggests that Carmidge's pancreatic reaction in the urine is a point of importance. When it is present, ordinary hyperchlorhydria can be excluded. *Uranium Nitrate* has a definite affinity for the duodenum, and should be remembered in relation to duodenal ulcer. Its use in diabetes is no doubt a result of the affinity, for probably its administration affects the amount or quality of secretin, the pancreatic hormone.

**Cuprum metallicum.**

This drug, in the 6x potency, seems to have the power of acting as a prophylactic in cases of eclampsia. After the acute symptoms of the disease have been removed by Veratrum viride or other drugs, a dose of Cuprum taken morning and night has prevented further attacks of the disease from making their appearance and in one case, at least, the mother was enabled to be delivered of a child at the end of a nine months' pregnancy after suffering with severe attacks of eclampsia at the fourth month.

**Lilium tigrinum.**

The following recorded symptoms of Lilium tigrinum I have secured in proving the drug, and have confirmed all of them at the bedside and therefore can pronounce them genuine symptoms of the drug:

1. Depression of spirits.
2. Constant inclination to weep.
3. Fearlessness and apprehension of having some incurable disease.
4. Trembling sensation in the abdomen.
5. Great weakness and trembling of the bowels.
6. Abdomen tender to pressure.
7. Pressure downwards and backwards against the rectum and anus, aggravated by standing; better by walking in the open air or riding.
8. Severe pressure in the rectum and anus.
9. Urgent desire to go to stool—cannot wait; but stool only ordinary, and without relief.
10. Tenesmus, with frequent efforts at stool, resulting in voiding a little urine only.
11. Pressing down at the anus; slightly relieved by lying down.
12. Bearing down in the lower part of the abdomen; worse when standing, with pressure upon the perineum, relieved by pressing with the hand against the vulva.

Most of the above symptoms have been confirmed only when they have been present in cases of prolonged convalescence after parturition, and in cases of prolapsus uteri.—By W. E. Payne, M. D., *Medical and Surgical Reporter.*

**Status Epilepticus.**

Joedicke (*Deutsch. med. Wochenschr.*, No. 19, 1912). In nine cases of status epilepticus with high fever, rapid pulse, and a constant succession of convulsive seizures, surprisingly prompt results were obtained from venesection followed by the intravenous injection of the following solution:—

℞. Sodium chloride .....9.0 gr.
Sodium bicarbonate
Calcium chloride
Potassium chloride .....ana 0.2 .
Distilled water .....1000.0

The writer's results lend support to the hypothesis that epilepsy is due to an intoxication, perhaps, according to Krainsky, with carbaminade of ammonia. The writer considers the most frequent cause of the status to be the abrupt withdrawal of bromides in epilepsy, and warns urgently against this error.—*Interstate Medical Journal*, Oct., 1912.

# MEDICAL CENTURY

THE NATIONAL JOURNAL OF
HOMŒOPATHIC MEDICINE AND SURGERY

PUBLISHED MONTHLY BY
THE MEDICAL CENTURY PUBLISHING CO.
LANCASTER, PA.

WILLIS A. DEWEY, M. D. - - - Editor
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All communications to the Editor, Books for Review, Exchanges and Contributions for publication, should be addressed to Ann Arbor, Mich.

VOL. XX NOVEMBER 1913 NO. 11


## THE PENDULUM SWINGS

ABOUT a score of years ago the homœopathic school started on its career of compromise with an aggressively antagonistic force. It gave favorable ear to overtures of "peace," and in a number of ways manifested its willingness to co-operate for the common good in medicine.

Separate state examining boards were abandoned in favor of composite boards, Homœopaths joined allopathic societies and discontinued the use of the distinctive name "Homœopath." They interpreted common courtesy as a mark of flattery, and subscribed to the therapeutic dicta of dominant, chaotic medicine from "coaltars" to serums, and frowned impatiently upon their fellows who, by voice and pen, held out for a more perfect development and a more faithful application of the principles of Homœopathy.

They sent their sons, and others, to allopathic colleges "to receive, first, a *medical education,* and afterwards Homœopathy"—forgetting evidently that the curriculum of the average allopathic college is freely tinctured with prejudice and intolerance, and that such training is not the most favorable soil for the propagation of the principles which he himself professes to believe and practice. This deplorable condition of affairs continued with reckless abandon until the destruction of organized Homœopathy seemed imminent, when it happend that the gleeful chuckle of an arrogant medical monopoly awakened the forces of the new school to a belated realization that they had been made partisans to a program of perfidity *for a purpose,* and now one may confidently predict that there are better days ahead for Homœopathy.

To be convinced that the homœopathic school is throwing off its lethargy one has but to read the original contributions to our journals, or to hear the papers that are presented at our society meetings. It will be observed that erstwhile supercilious reference to the use of the homœopathic remedy have given way to apologize for the use of allopathic dope, and it will also be noted that there is now more loyal support of our fewer, stronger, better colleges together with an almost unanimous approval of the arrangement for general propagandism.

Further evidence, if needed, is to be found in the history of the "Stout resolution" to date. At Pasadena in 1910 its presentation caused unfeigned amusement, while at Denver in 1913 it was "viewed with great alarm," and required the most careful manipulation by a committee to save it from serious discussion and possible passage by the Institute.

Then, too, a remarkably rapid growth of a sentiment favorable to separate examining boards in the several states cannot but add to the sum total of proof that we are fast approaching the "parting of the ways," and that, indeed, we do not intend to traverse much further in the Murphy-Reed-Simmons-McCormack machine.

In California, Iowa and other states the menace has been halted and surely there will be further, and even greater, remedial work done in these states, and that our school will "follow suit" in the whole field is one of the certain signs of the times. Homœopathy has lost its hookworm and monopolistic medicine has lost its harpoon.

L. P. C.

## A SAMPLE AMERICAN MEDICAL ASSOCIATION BILL.

H. R. 8606.

IN THE HOUSE OF REPRESENTATIVES,

September 27,

1913.

Mr. Reilly, of Connecticut (by request), introduced the following bill; which was referred to the Committee on Military Affairs and ordered to be printed.

A BILL

To Create a United States Medical Licensing Board.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That the President be, and he is hereby, authorized and directed to ap-

point two medical officers of the United States Army, with a rank of a captain and a major; two medical officers of the United States Navy, with a rank of lieutenant and lieutenant commander; and two medical officers of the United States Marine Hospital Corps, with rank of lieutenant and lieutenant commander, to a board to be known as the United States Medical Licensing Board.

Sec. 2. That the terms of the members of the board to be four years each, and the salary of each member thereof to be $4,000 per annum with mileage. Said board shall be in continuous session at Washington when not on duty in various States.

Sec. 3. That all regular licensed medical practitioners of medicine, now holders of a medical diploma and a State license permitting them to practice in the respective States, shall upon the passage of this Act by presenting to said board their medical diploma, their State medical license, and any other diploma they may have, and upon the payment of the sum of $2, be given a United States license which shall permit them to practice their profession of medicine in any State or Territory of the United States and its possessions.

Sec. 4. That the United States Licensing Board shall hold its meetings in various cities of the United States and shall examine all newly graduated medical doctors so that they may obtain a United States license, which license will permit them to practice medicine or surgery in any State or Territory of the United States and its possessions without any further examination: Provided, That the candidate for said license *shall fulfill all requirements of the American Medical Association* and shall be an American citizen and present a high-school certificate or its equivalent and shall have a doctor of medicine diploma *from a medical college in good standing, as declared by the American Medical Association,* and upon the payment of $10 and the filing of certificate of good moral character shall be admitted to examination and upon the passage of said examination shall be granted a United States license, which will permit the holder to practice medicine and surgery in any State or Territory of the United States and its possessions.

Sec. 5. That the license may be revoked in case abortions or other unprofessional and criminal acts are performed.

We present the above as a sample of what we are to expect from the American Medical Association. In all their replies to opposition to the Owen bills they have steadfastly maintained that there was no intention of their controlling medical practice. They sent out interviews to the newspapers telling this, their orators called the attention of the people to this but their sincerity is well shown in this bill.

Six members of the examining board are provided, but only the allopathic school of medicine is represented. There are no physicians of any other school of medicine in the government service. Where would Homœopathy stand with such a bill? How could a physician of our school meet "all the requirements of the American Medical Associatioon" and be anything but an allopathic physician?

This bill must be amended. It is a good bill, but all except the enacting clause might well be stricken out.

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### WANTED.

"OWING to the resignation of the Secretary-Editor of the American Institute of Homœopathy, the Trustees will be obliged, at their next meetng, December 6, to appoint his successor. Applications for this office will be received by the Secretary, Dr. J. Richey Horner, 659 Rose Building, Cleveland, not later than December 6, 1913, from such persons as feel qualified to act in any or all of the capacities of Secretary, Editor or Field Secretary."

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## NEWS ITEMS.

### CALIFORNIA.

The State Medical, or the Organization Journal of the A. M. A. wails loudly in each issue about the new medical law of the state. It has released the state from the clutch of the Dearborn Avenue politicians in spite of their sending emissaries across the Rockies to fight it, and now the work has to be done all over again.

Dr. Wm. Boericke has removed his residence to 2440 Jackson Street, San Francisco.

Hahnemann College of the Pacific sent up eleven students to the State Board of Examiners for examination for license, all of whom passed.

## CONNECTICUT.

The following resolution was passed unanimously at the recent meeting of the Connecticut Homœopathic Medical Society at Meriden:

[illegible] a committee of three be appointed by the president to draft a memorial to the American Institute of Homœopathy, requesting that steps be taken at the next meeting of the American homœopathic surgeons in order that a College of American Homœopathic Surgeons be organized as the Institute may deem wise; also to take steps looking towards the grading and [illegible] of homœopathic medical colleges (and of others if it seems best), regardless of similar action on the part of the American Medical Association.

The committee appointed by the president consists of Dr. H. A. Adams, Derby; Dr. Augustus Angell, Hartford, and Dr. M. J. Adams, of New Haven.

## DISTRICT OF COLUMBIA

The National Homœopathic Hospital of Washington is a recipient of a bequest from Mrs. Sidney Hilliard, which is to endow free beds, furnish a library and improve the pharmacy of that institution.

## GEORGIA.

The American Medical Association has been defeated in this state in its attempts to control medical practice and abolish independent boards. A single board bill was brought up before the Legislature at its last session. The original bill abolished all representation save allopathic, and in such form passed the Senate. In order to provide a fund for this legislation an assessment of $5 per member was made by the State Allopathic Society. When the bill came to the House it was amended to give allopaths, homœopaths and eclectics equal representation on the board. At once the allopathic machine lost interest in the measure and endeavored to defeat it. It passed, however, and became a law.

## ILLINOIS.

The Northwestern Homœopathic Medical Society met in Rockford on October 9th. The program consisted of about a dozen excellent papers.

The Central Illinois Homœopathic Society met in Springfield on October 17th. About a hundred members were present. A number of prominent surgeons of our school from Chicago were also present.

Wm. Rigley has donated $100,000 to the Homœopathic Hospital of Chicago, and this will be used for the erection of a new surgical hospital.

The Appellate Court of Illinois has ruled in a decision last month that the Trustees of the American Medical Association have been illegally elected. This means that unless the case be carried to the Supreme Court that this Association must reorganize or dissolve. Hereafter instead of being autocratic it must be democratic.

## IOWA.

Dr. Wm. Rohrbacher, of Iowa Falls, has been appointed assistant to the chair of surgery in the Iowa Homœopathic Hospital. Dr. Rohrbacher was formerly interne in the Massachusetts Homœopathic Hospital.

## MASSACHUSETTS.

The Boston section of the State Homœopathic Medical Society (Massachusetts) held its regular monthly meeting October 2d at the Evans Memorial building. Dr. John L. Coffin spoke on "Early Recognition of Epithelioma and Treatment With Carbon Dioxide." The discussion of the Industrial Accident Question by Dr. Samuel H. Calderwood and Dr. Frank A. Allard, two members of the Medical Advisory Committee, was particularly interesting.

Dr. Nathaniel W. Emerson has removed to 295 Commonwealth Avenue, Boston.

Dr. Elliott Washburn has been appointed superintendent of the Rutland State Sanatarium, succeeding Dr. P. C. Bartlett. Both are old school men.

Dr. Edwin B. Harvey, member of the Massachusetts Board of Registration, in medicine since its start in 1894, died the last of September at his home in Westboro. He was 80 years old, and a Harvard Medical School graduate.

Dr. John H. Payne announces his removal to 352 Commonwealth Ave., near Massachusetts Ave., Boston. Hours, 2 to 3:30 and by appointment.

Psychology will be brought into play in the study of criminals in Boston courts, for Dr. Victor Vance Anderson, special student in psychology under Professor Hugo Munsterberg, has been appointed probation officer.

Dr. C. E. Percy Thompson, of Fairhaven, has returned from a four weeks' vacation in the Adirondacks and resumed his practice.

Dr. Arthur V. Pierce, of New Bedford, acted as rescuer of a maiden in distress in September, when the aided a bride in locating her husband who had been kidnaped by friends (?). The groom was located finally in a New Bedford shore colony.

Massachusetts friends of Dr. John A. Hayward, 1906, B. U., will be glad to learn that he is located in Camden, Maine, and doing well there. He has taken the practice of Dr. Shockley, who left there in April. Dr. Hayward located there in July, after a year and a half at Dr. Trull's hospital, in Biddeford, Maine.

Dr. Orren B. Sanders, of Boston, was fatally injured in an automobile collision in Quincy the latter part of September. He was taken to the Quincy Hospital for treatment, where it was found his skull was fractured. Dr. Sanders was going from his Boston office to his summer home in Egypt, Mass., when the accident happened, September 22d. Dr. Sanders' loss will be felt very keenly by his associates, as he was very popular. His course of lectures at Boston University Medical on Venereal Diseases was one of the most popular in the school. He also had for years the G. U. clinic at the O. P. D. He was a member of all the homœopathic societies, and contributed many papers to various societies and journals on his specialty. One of the last

papers was in the *N. A. Journal of Homœopathy,* "Sterilization as a Factor in Social Betterment."

The freshman class at the Medical School numbers around forty.

Dr. Summer B. Annis, 1911, who located in South Natick (Mass.), is going west for his health.

The Phi Alpha Gamma Fraternity, Beta Chapter, held its annual reception to the entering class October 14. Three men were pledged.

Dr. C. E. Burt, of New Bedford, is busy in politics. He has been appointed chairman of the Ballot Committee, Bristol county, by Republican Chairman Hatfield.

The 73d semi-annual meeting of the Massachusetts Homœopathic Medical Society was held in Springfield, October 8, 1913. Elwin D. Lane, of Andover, Mass., was admitted to membership.

Papers were presented by George S. Lapham, M. D., on "Etiology, Pathology and Prophylaxis of Tuberculosis;" by Maurice Turner, M. D., of Brookline, on "Homœopathic Treatment of Tuberculosis;" by Robert F. Hovey, M. D., of Springfield, on "Surgical Treatment of Tuberculosis;" by William H. Watters, M. D., of Boston, on "Etiology, Pathology, Immunization, Vaccine Therapy of Typhoid Fever;" by John Hutchinson, M. D., of New York, on "Homœopathic Treatment of Typhoid Fever," and by Harry C. Cheney, M. D., on "Report of Palmer Epidemic of Typhoid Fever."

The oration, following dinner, was by David W. Wells, M. D., of Boston, on "The Age of Credentials."

Dr. Charles S. Gleason, of Wareham, is receiving condolences on the loss of his infant son, who died in September.

## MICHIGAN.

The Western Michigan Homœopathic Society held its monthly meeting in Grand Rapids on October 15th. A large attendance was present, many coming from surrounding cities and towns. Dr. W. A. Dewey, of the Materia Medica Department of the University of Michigan, was chief speaker.

The Detroit Practitioners' Club held its meeting on October 20th. Dr. Dean T. Smith, of the Homœopathic Department of the University, read a paper.

## OHIO.

Dr. H. V. Halbert, of Chicago, addressed the Dayton Homœopathic Society on October 19th.

The Western Homœopathic Medical Society met at Orrville on October 15th. A successful meeting was had after which the members were pleasantly entertained at dinner as the guests of Drs. Brooks and Irwin.

## OREGON.

An osteopath was appointed health officer of Oregon City. The members of the County Medical Society, old school, met and adopted resolutions deciding not to report contagious diseases or to send in vital statistics to the new health officer. In other words, to boycott him. This is one of the many ways the American Medical Association works to the interests of the people and public welfare.

The Thirty-Seventh Annual Meeting of the Oregon State Homœopathic Medical Society was held at the Hotel Oregon, October 22d and 23d, 1913.

The following papers were presented:

1. A Match That Was Made in Heaven, Showing the Relation of Cerebro-Spinal to the Sympathetic Nervous System, L. H. Vincent, M. D.
2. Is Mind Cure More Divine Than Healing by Medicine? P. L. McKenzie, M. D.
3. How to Quit Medicine and Raise Apples and Be Happy—(No joke)—Chas. Macrum, M. D.
4. Homœopathy An Evolutionary Principle, J. K. Reader, M. D.
5. Recent Revelations in Science and Their Relation to Applied Homœopathy, Frank F. Casseday, M. D.
6. Selection of the Remedy, a Method, D. Breuer, M. D.
7. Paper (title to be announced at meeting), A. S. Nichols, M. D.
8. Dr. J. Chris O'Day will give an illustrated paper on Leprosy.
9. Tuberculosis and Pneumonia Cured Homœopathically, John Besson, M. D.
10. Vital Statistics, J. F. Worcester, M. D.

OBSTETRICS AND PEDIATRICS.

11. Infant Feeding, I. N. Palmer, M. D.
12. Cæsarean Section, Byron E. Miller, M. D.

BUREAU OF SURGERY.

13. Why the Cystoscope? J. Besson, M. D.
14. Title to be given at meeting, H. Jeffords, M. D.
15. Operations to Retain a Retroverted Uterus, H. S. Nichols, M. D.
16. Diagnosis and Treatment of Choleocystitis, A. L. Canfield, M. D.
17. Bloodless Operation for Total Extirpation of Hæmorrhoids, J. B. Bishop, M. D.

We had a good meeting and a good attendance.

Our genial friend, Dr. E. Weldon Young, of Seattle, was with us, as usual. We missed the other members of the Washington contingent, but hope they will show up next year.

Dr. O'Day's lecture, with slides, was a most interesting feature. Dr. O'Day is an old school physician, and we were especially glad to have him with us. Dr. O'Day has spent some time on the Pacific islands and has been at the Leper Colony in Hawaii. He showed all kinds of leprosy—the tubercular, anæsthetic, and elephantine. One surprising fact brought out by this lecture was the fact that children born of leprous parents are always clean and healthy and show absolutely no symptoms of the disease. They are always taken away from the colony. The disease is neither infectious nor contagious. Friends visit the colony freely. Certain persons are absolutely immune to leprosy. A man was convicted of murder in Honolulu and after conviction was given his choice between death or removal to the Leper Colony for experimentation. He chose the colony. He was inoculated in many ways with the disease, that is, an effort was made to inoculate him, but he was absolutely immune

to leprosy, never showed a trace of the disease. He was finally given his liberty and was, at last accounts, in Honolulu, selling papers. In the light of this expert testimony the public fear of the disease is unwarranted.

The following officers were elected for the ensuing year: President, Dr. John F. Worcester; First Vice-President, Dr. J. S. Bishop; Second Vice-President, Dr. David Breuer; Secretary, Dr. Byron E. Miller; Treasurer, Dr. I. N. Palmer.

Our new President is one of the original bean and brown bread eaters from Boston.

Dr. Beaumont, who emigrated to the coast from Chicago and a few other middle west cities some years ago, pulled off a Buffet Hot Dinner at 7:30 P. M., October 23d, at the Hotel Oregon. This is the last word in dinner stunts. Round tables for six, food carved on adjoining tables, a crackerjack male quartette between courses, and an informal dance with canned and real music wound up a most delightful evening. A delightful feature was a skirt dance executed by one of our leading surgeons. He is certainly some dancer. This buffet dinner stunt is the last word in dinners, and has been adopted by effete New York. The long table and set speeches have gone to the scrap heap. Beaumont is thinking of starting a Wayside Inn at Hood River, where his lovely apple ranch is located.

California, Washington and Oregon are doing things homœopathically, so watch the Pacific coast.

Cordially,

FRANK F. CASSEDAY.

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## PENNSYLVANIA.

Fiftieth annual session of the Homœopathic Medical Society of the State of Pennsylvania met at Bedford Springs, Pa., September 2, 3, 4, 1913. The session was called to order Tuesday morning, September 2d, at 10:30, by the president, Dr. H. I. Nicholson, of Pittsburgh. The Rev. J. Alfred Eyler, Bedford Springs, offere a prayer. Dr. E. H. Pond, of Pittsburgh, then read the report of the secretary, setting forth the fact that the transactions had been published and the program arranged in accordance with the rules oof the Society.

Dr. Ella D. Goff presented the treasurer's report, showing a substantial balance in the treasury. Then followed the reports of the various standing committees.

Second business session was called to order Wednesday morning at 10:15 by President Nicholson. The Board of Censors reported favorably on the names of five applicants, and they were unanimously elected to membership in the Society.

On motion of Dr. H. T. Schmitz, the Society voted the sum of fifty dollars to the International Propaganda Committee of the American Institute of Homœopathy.

Dr. H. D. Elliott, of Phliadelphia, presented a communication on behalf of Dr. Wm. H. Keim, of Philadelphia, regarding the neglected condition of the grave of Dr. Pemberton Dudley, former president of the Society On motion of Dr. Dinsmore, the sum of fifty dollars was donated by the Society as a part of the fund to erect a suitable memorial to Dr. Dudley.

The nomination of officers for the ensuing year was then taken up, the following nominations being offered: President, Dr. Leon T. Ashcraft, of Philadelphia; 1st Vice-President, Dr. J. M. Heimbach, of Kane; 2d Vice-President, Dr. H. M. Clay, of Philadelphia; Secretary, Dr. I. D. Metzger, Tyrone, Pa.; Treasurer, Dr. Ella D. Goff, Pittsburgh, Pa.; Board of Censors, Dr. Edward Krusen, of Norristown, Pa.; Necrologist, Dr. Wm. F. Baker, Philadelphia; Associate Editor *Hahnemannian Monthly*, Dr. Gilbert J. Palen, Philadelphia.

There were three nominations for the Board of Trustees: Dr. D. P. Maddux, of Chester; Dr. H. B. Bryson, of Pittsburgh, and Dr. J. R. Swartz, of Harrisburg. There being no further nominations, nominations were closed with but one candidate for each office.

The third business session was called to order by Dr. Pond on Thursday morning, September 4th.

The first order of business was the election of officers. There being one candidate for each office, motion was made and carried that the secretary be instructed to cast a ballot electing those nominated at the previous meeting.

The president, Dr. Nicholson, declared those gentlemen elected as officers for the ensuing year.

A committee was appointed to consider the amendment of Article VII., Section 1, of the By-Laws, reported in favor in changing the word "five" to the word "two," as provided for in the amendment offered by the Society in 1912.

The report of the committee provided that every new member pay two dollars the first year and three dollars every subsequent year. This does away with the initial payment of five dollars on becoming a member of the Society. The report of the committee was accepted and the amendment carried. Dr. Pond made a motion that a vote of thanks be given to President Nicholson for his efficient work as an officer of the Society. The motion was seconded and carried. Dr. Heimbach then made a motion thanking Dr. Pond for his efficient and faithful work as secretary of the Society for five years. The motion was seconded and carried.

The meeting adjourned at 10:05 P. M. The scientific program contained many interesting papers covering the entire field of medical science, and these were received and discussed with considerable interest by the Society. The social features consisted of a musical entertainment in which the members participated on Tuesday evening, and on Wednesday evening, in the form of a banquet, Dr. W. W. Speakman acting as toastmaster on the latter occasion. One hundred and fifty members and guests were present at the banquet, which was a very successful and enjoyable affair.

The Hahnemann Medical College of Philadelphia held its opening session of 1913-1914 on Monday evening, September 22d, at 8:30 o'clock in Lecture Room No. 1. The Rev. Floyd W. Tompkins pronounced the invocation and gave a few words of welcome from the Trustees, after which Prof. John E. James, Jr., made a short address, which was followed by remarks made by the dean, Dr. Wm. B. Van Lennep. It is highly gratify-

ing to the Alumni and friends of the college to know that the student body has been showing a healthy increase, and that the Freshman class this year is almost double to last year's.

The Medical Department of Hahnemann Medical College and Hospital held a meeting at 1437 Spruce Street, Philadelphia, on Wednesday, September 17, at 9 P. M. Work for the coming year and many important business matters were taken up at this meeting, which was well attended.

The Homœopathic Medical Society of the County of Philadelphia held its regular monthly meeting at Hahnemann College, Thursday evening, September 11, 1913, at 8:30 o'clock. The president, Dr. Herbert P. Leopold, read his annual address, outlining the work for the coming year. The meeting was well attended, and a very enjoyable time was had by those present.

WM. M. SYLVIS, M. D., *Sec'y.*

The Philadelphia Society for Clinical Research held its regular monthly meeting at the Philadelphia Athletic Club on Thursday, September 18th. Many interesting topics were discussed at this meeting, after which the nomination of officers took place for the ensuing year. The members then participated in a ball game, after which supper was served to those present. The meeting proved to be a very enjoyable one.

PERCY A. TINDALL, M. D., *Sec'y.*

The Germantown Homœopathic Medical Society held its regular monthly meeting at the "Majestic," Broad Street and Girard Avenue, on Monday, the fifteenth of September, 1913, at 9 P. M. A very interesting paper on "Nasal Polypi" was read by Dr. George J. Alexander, after which a hearty discussion took place. The Censors reported favorably the name of Dr. Hayes Brown. Great interest was shown at this meeting by a large number of members present.

LANDRETH W. THOMPSON, M. D., *Sec'y.*

The Homœopathic Medical Society of the 23d Ward of Philadelphia held its regular monthly meeting at the Hotel "Phœnix," Willow Grove, Pa., on Wednesday, September 20, 1913. A well prepared paper was presented by Dr. W. L. Frank. Keen interest was shown at this meeting by a large number present.

JOHN D. BOILEAU, M. D., *Sec'y.*

The Women's Homœopathic Medical Association of Pittsburgh, Pa., held its regular monthly meeting at the office of Dr. Anna Johnston, 5016 Liberty Ave., Pittsburgh, on Thursday, October 2, 1913, at 8 P. M. Many interesting topics were discussed at this meeting and work outlined for the ensuing year. There was a large attendance of members, and an enjoyable time was had by those present.

LYDIA B. PIERCE, M. D., *Sec'y.*

The West Jersey Homœopathic Medical Society held its summer meeting in the parlor of the West Jersey Homœopathic Hospital, West and Stevens Sts., Camden, N. J., on Wednesday afternoon, August 20, 1913, at 1:30 o'clock. The scientific program consisted of the following:

"Glycosuria of Pregnancy," Edgar Clement, M. D.

"Defective Reaction," H. B. Dean, M. D.

"The Action of Iodine on the Thyroid Glands," Wallace McGeorge, M. D.

The discussion was opened by Dr. McGeorge, and proved to be an insteresting one.

T. E. PARKER, M. D., Sec'y...

The Medical Club of the 23d Ward held its annual summer outing on September 15, 1913, which consisted of a trip to Reading, Pa. Many members left Philadelphia to enjoy the day's outing, which was pleasantly spent, and which proved to be an enjoyable affair.

PERSONALS.

Mr. and Mrs. Clifford Holcombs Durant announce the marriage of their sister, Miss Mary Babbitt Blair, to Doctor Marvin Clark Johnson, on Wednesday, the twenty-fourth of September, one thousand, nine hundred and thirteen, at Hartford, Connecticut. At home, two hundred Susquehanna Avenue, West Pittson, Pennsylvania.

Doctor John J. Tuller announces the opening of his office, 2108 Walnut Street, Philadelphia, Pa.

Doctor Harry H. Lewis announces the opening of his office, 1031 Centre Street, Ashland, Pa.

Doctor L. Willard Reading announces the opening of his office, 1825 Chestnut Street, Philadelphia, Pa. Electro- and spinal-therapy.

## OBITUARY.

**Dr. Owen A. Palmer.**

Akron, Ohio, August 21, æt. 65. Hahnemann Medical College, Chicago, 1884.

**Dr. Alfred S. Bellamy.**

Florence, Ala., August 5. Hahnemann Medical College, Chicago, 1876.

**Dr. Leroy Marvin.**

Muskegon, Mich., September 22, æt. 64. Hahnemann Medical College, Chicago, 1870.

**Dr. Charles E. Campbell.**

New York, September 12, æt. 72. New York Homœopathic College, 1864.

**Dr. Owen B Sanders.**

Boston, Mass., September 25, æt. 57. Boston University School of Medicine, 1879.

**Dr. Hugh M. Patton.**

Montreal, Canada, September 5, æt. 47. New York Homœopathic College, 1891.

**Dr. Sally A. Hains.**

Scarsdale, N. Y., September 29, æt. 87. New York Medical College and Hospital for Women, 1878.

**Dr. William P. Manaton.**

Greenford, N. Y., August 6, æt. 48. New York Homœopathic College, 1886.

**Dr. William H. Fisher.**

Minneapolis, Minn., September 22, æt. 65. Pulte Medical College, 1876.

**Dr. Edna G. Ferry.**

China. Boston University School of Medicine, 1887.

## PHARMACODYNAMICS AND THERAPEUTICS.

BY A. E. HINSDALE, M. D., BAY CITY, MICH.

**Ferrum phosphoricum.**

Thin, sickly and anæmic children who are constantly catching cold and who are constantly being "doctored" may have their resistance towards disease greatly raised by a course of Ferrum phosphoricum. The child for whom this remedy is applicable is of the Belladonna type; they easily become ill and react as quickly to suitable remedies. In such cases Ferrum phosphoricum acts far better than any "tonic" and the results which have been obtained are permanent.

**Sparteine sulphate.**

This is a splendid heart remedy, when indicated, but better results will be obtained if the drug be given in larger doses than those in which it is usually prescribed. Doses of one-quarter to one-half grain will act very quickly and favorably and no unpleasant results follow such dosage. In several cases Sparteine has done all that was expected of it when given in such doses after smaller amounts of the drug had produced little or no effect.

**Ignatia.**

There is one condition which will be removed by small doses of Ignatia, which is a great comfort in some ways, and that is feminine sexual frigidity. Do not let your sense of the ridiculous entirely overcome you, but just give the remedy a trial in cases where there are no morbid variations and nothing in the way but feminine sexual frigidity.—E. M. J., Vol. 51.

**Helonias.**

Leucorrhœa in young girls who are otherwise robust has been cured with Helonias. It is claimed that the drug acts by increasing the tone of the relaxed and secreting mucous membrane.

**Alcohol.**

Bitches, ewes, rabbits and guinea pigs were fecundated by injecting into the vagina (by syringe or catheter) semen which had been exposed to the action of 0.5-10.0 per cent. ethyl alcohol for various periods of time not exceeding 30 min.; conception and gestation were normal and the offspring showed no abnormalities. The different action of alcohol, when introduced subcutaneously or by mouth, is due probably to oxidation products (aldehydes) of alcohol, which are formed in the alimentary canal, as well as to the greater resistance of the spermatozoa.—Compt. rend. soc. biol., 74, 482-4, Chem. Abst.

**Thuja.**

"A man who had had gonorrhœa several times applied for treatment of incontinence of urine. Could not retain urine which was scanty, scalding and a severe backache was present. Gave Thuja which relieved and permanently cured."

**Water.**

Recent experimentation on the artificial production of goiter has shown that the disease is due (possibly not exclusively) to the water used for drinking.

**Blood.**

A German journal reports the cure of a case of severe melæna neonatorum as being cured by injections of defibrinated human blood.

**Nickel.**

A form of skin disease, sometimes closely resembling psoriasis, is produced by prolonged contact of the skin with salts of nickel, especially the sulphate. The disease is characterized by a dermatitis of the hands and forearms with the appearace of vesicles which tend to spread. In some instances these vehicles are reported to have spread over the entire body. The disease has been seen in workmen who have occasion to use the salts of nickel, and has received the name of nickel psoriasis or itch. The disease may be prevented by greasing the skin or wearing gloves.

**Benzene**

Benzene has been used successfully in the treatment of leukemia. The following advantages are claimed for it: Simple administration, cheapness, impossibility of causing dermatitis, etc. It cures sometimes in such cases where X-ray, thorium and arsenic are useless.

**Rhus Aromatica.**

Diabetes.—John W., aged thirty-seven, compositor; patient of Dr. J. P. King; seen in consultation. He observed that he passed more urine than usual, with general failure of health; food caused discomfort; very thirsty; palpitation; absence ofo mind; very nervous; sleep disturbed by frequent calls to pass water; pain across the loins; loss of flesh; gums sore; pain up the spine. He worked all day, and seven days a week, and late at night, in a room lighted with gas, and occupied by thirty other compositors. The urine contained sugar, specific gravity 1040. Prescribed fluid extract of Rhus aromatica, a teaspoonful three times a day, with instructions to change his mode of living and his diet. There was a speedy improvement.—*J. T. McClanahan, M. D., Boonville, Mo., Nat. Eclectic Med. Ass'n Transactions,* 1881, p. 170.